

THE AMERICAN JOURNAL OF NURSING

VOL. XXII

OCTOBER, 1921

No. 1

EDITORIAL COMMENT

INTERNATIONALISM IN NURSING

IN November there will occur in Washington a conference that may come to be regarded as one of the most momentous in all history. Inseparable from the discussions of disarmament is that of internationalism, a term commonly used but not so often analyzed. Webster says that the international life of peoples manifests itself in three ways, in hostile relations (war); in pacific neutral relations (commerce), or in more sympathetic relations (exchange of ideas, feelings, etc.). Our present conception of internationalism is concerned with the third phase;—the development of an individual and national spacious mindedness that will make for true neighborliness among the peoples of the earth who are being drawn more and more closely together by continued reduction of the time element in transportation. And we are impressed with the tremendous potentialities for internationalism of our own profession. The Department of Nursing of the International League of Red Cross Societies, directed by American nurses, has as an objective, the establishment of public health nursing in all of the thirty-one nations now members of the League. This means that schools of nursing must inevitably be established in those countries previously without any means of educating nurses, and indeed, several are already being established by the American Red Cross, that in Warsaw, Poland, being most recently added to the list. The Navy Nurse Corps is faring farther and farther afield. At the present time they are developing various phases of health work in many of our island possessions. Will Irwin, in his powerful appeal for peace says: "Perhaps we cannot eliminate war. It seems so deeply rooted in human institutions. It is so easy to stir up hate, so hard to create understandings!" Has any other body of women so marvellous an opportunity for promoting good-will among peoples? Will not the thought of those of us who must remain at home be infinitely expanded by our interest in those of our number who are so widely spreading the knowledge of health?

STILL ANOTHER CENTRAL SCHOOL

The success of the pioneer university school of nursing in the University of Minnesota has, from the beginning, had its influence in opening, more or less widely, the doors of some sixteen other universities. It was in 1909 that Dr. Richard Olding Beard, addressing the national nursing organizations, said:

Those who are in control of this movement believe that, given a due degree of physical fitness, given a higher measure of preliminary training, given that serious devotion to her calling which bespeaks the quality of the woman who undertakes the task, the nurse cannot be too highly educated or too perfectly trained.

The announcements of the University Bulletin of August 13, are stimulating evidence that the school is still consistently "putting its creed into its deed." The facilities of the school have been increased by its recent association with the Minneapolis General Hospital, the Charles T. Miller Hospital of St. Paul, and the proposed alliance with the Hospital of the Northern Pacific Railroad now being erected in St. Paul. The arrangement is one that makes of the University School a true central school with Miss Powell its Director, having headquarters at the University Hospital, and the varied and extensive clinical facilities represented by a total of over eleven hundred beds available for the instruction of students. The plan of instruction remains as before: a three-year course leading to the degree of Graduate Nurse, and a five-year combined course in Arts and Nursing with considerable latitude in choice of programme for specialization in the last half of the fifth year. As the school under Miss Powell and her assistants, Miss Pierce and Miss Vannier, has already demonstrated a "remarkable continuity of growth in depth and reach of vision" the future of the central school seems assured. It will have the cordial good wishes of all those who are concerned with the maintenance of high standards in the education of nurses.

MEDICAL EDUCATION IN AMERICA

The Educational Number of the *Journal of the American Medical Association* contains a most interesting statistical report of the development of medical education in this country in the last twenty years. It is particularly interesting to note that, since 1904, enrollments have been steadily declining, but requirements have as steadily risen until it is now the proud boast of those who have worked to that end that medical education in America is today on a par with that of those European countries that so long out-ranked us. Forty-one states (including the territory of Alaska) now have an entrance requirement in advance of four years in a standard high school, and

seventy-seven of the eighty-three medical colleges listed require two years or more in a college of liberal arts. The number of available scholarships, in view of the increasing requirements, is exceedingly interesting and worthy of attention on the part of schools for nurses. Forty-five schools have four hundred and sixty-nine scholarships at their disposal! The schools are classified as follows: an A school is acceptable; a B school is one which, under its present organization, gives promise of being made acceptable by general improvements, while a C school requires complete reorganization, and other changes, to become acceptable. The American Medical Association endeavors to make its classification very clear in all its details for the benefit of the prospective student, a fair-minded policy quite identical with that of the various nursing organizations in their recruiting activities.

VIRGINIA'S METHODS IN RECRUITING

The comparative study of teaching, of nursing and of business as callings for women prepared by the State League of Nursing Education in coöperation with the Southern Women's Educational Alliance, is part of the well organized publicity work now being carried on in Virginia. The scholarly pamphlet is sent out with literature of all the training schools and is being widely circulated by the Alliance. The study is based on questionnaires sent to three groups of one hundred each; teachers in public school systems, nurses in all fields except public health, (reserved for later inquiry), and business women whose work is not based on standardized training. The pamphlet is illustrated by graphs showing Educational Investment, Salaries, Financial Responsibilities, Outlook for Advancement in Salaries, and Prospects for Promotion in Rank. The following conclusions, while only tentative and transient, are interesting:

The nursing profession presents at present the most difficult and extended training, and the best average salary. Business shows here the next best opportunity as to average salary. It offers also, by the returns from the questionnaires, the best opportunities for initiative, as well as for the higher levels of salary and independent money-making. Teaching in all the school grades must be raised, as nursing has been, to a reasonably comfortable living wage; but all conditions prove that both teaching and nursing must always be viewed as essentially idealistic callings suited for those content to forego financial adventure and any approach to wealth, in the interest of such specialized forms of public service as they offer.

THE JOURNAL FOR CHINESE NURSES

The July number of the *Quarterly Journal for Chinese Nurses* announces that thirty-one Training Schools were represented at the recent examinations for registration by the State Nurses'

Association. For the first examination, held six years ago, only seven nurses applied, whereas this year there were 149 applicants, 77 of whom were young men.

Nina D. Gage, who is so well known in this country and who is Superintendent of Nurses at Hunan-Yale, Changsha, is a member of a committee of the Medical Missionary Association which is collecting data on nurses homes, a problem that has by no means lost its savor here at home. Missionary nurses in China have one great advantage in a country which had to coin a word for nurses so recently,—they are free to establish their own precedents and thus to avoid many of the errors of countries somewhat over-burdened with tradition. A feature of the recent Commencement exercises of the Union Training School in Pekin was the presentation, by the President of China, of a medal and a certificate to Alice Powell, Superintendent of Nurses, in recognition of her services at the time of the flood in Tientsin.

INSTITUTES FOR PRIVATE DUTY NURSES

Instructors, Training School Inspectors, Industrial and other groups of public health nurses have somewhat recently adopted the plan, long familiar to teachers, of holding institutes. Now comes Miss Gladwin's suggestion, in her paper on the "Opportunities and Obligations of Alumnae Associations," that interested bodies hold institutes for private duty nurses. Is not this the very thing our faithful bedside nurses have long wanted,—a means of comparing notes, of discussing methods, of passing on ideas, and of keeping up to date generally? The JOURNAL will be interested to know the results of Miss Gladwin's suggestion.

SEMI-CENTENNIAL OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

To nurses generally, who if asked about the beginnings of organized public health work in this country, would probably suggest a date not far beyond that of the founding of the National Organization for Public Health Nursing in 1912, it will come as a surprise to find the American Public Health Association planning for a semi-centennial celebration to be held in New York, November 8-18. The plan of the celebration is one of many sided interest, including a Health Institute, November 8-12, in which New York's wealth of health organizations will be utilized for demonstrations. This will be followed by the Scientific sessions 14-18, when the programmes on child health and health education will be of special interest to nurses. A delightful feature planned is a banquet in honor of Dr. Stephen Smith, founder and first president, whose centennial happily coincides with

the semi-centennial of the association. A Jubilee volume to be published about October 1, will be, in effect, a general history of public health from the earliest times.

NATIONAL CANCER WEEK, OCTOBER 30-NOVEMBER 5

Since 85,000 people die yearly in this country of cancer, and the majority of cases could be cured if taken early, the American Society for the Control of Cancer is perfecting a nation-wide plan for Cancer Week. The aim is entirely educational and it is desired that as many people as possible be reached with the hopeful message of cancer control, hopeful because figures indicate that the death rate has remained stationary since 1916. Campaign committees have been formed in practically all communities of five thousand and over. It is planned that they will ask schools for nurses to give at least three lectures as follows: Cancer of the Skin and Buccal Cavity, Cancer of the Breast and Uterus, Internal Cancers. Nurses' organizations will be asked to invite special lecturers to present the various phases of the cancer control movement. Nurses everywhere are urged to coöperate with those who are guiding this exceedingly important movement.

LOOK BEFORE YOU LEAP

The recent experiences of a correspondent, a registered nurse, reminds us of the great importance of careful investigation of distant positions before accepting them. Institutions usually make searching inquiry before admitting new workers to their staffs. Individuals are prone to be more trusting, failing to realize that institutions are as many sided and as subject to weaknesses as they themselves and should be expected to give proof of their good intention before money is spent in travel and equipment. Only by careful investigation on both sides, can embarrassment, loss and disappointment be avoided.

ANNUAL MEETING OF THE AMERICAN HOSPITAL ASSOCIATION

The twenty-third annual meeting held in West Baden, Indiana, September 12-16, was permeated by a spirit of good-fellowship and characterized by an efficiency of organization that removed many of the causes of fatigue common to conventions. The programme was a forward looking one, having for its key-note the care of the individual in his whole relation to his community. A brief report will appear later.

MENTAL HEALTH OF CHILDREN

BY V. M. MACDONALD, R.N.

*Formerly Secretary of the Connecticut Society for Mental Hygiene
Lately Organizer of Social Work, National Committee
for Mental Hygiene*

FIRST PAPER

IN the last few years a great deal has been written and said about mental hygiene, and many people are wondering what practical significance it has for them. Is it just another "ology" for the entertainment of the philosopher in his study, or for the research of the scientist in his laboratory? Some feel sure that it deals only with the feeble-minded or the insane. These afflicted groups are certainly receiving much of the attention of the leaders in the new field, but does it perhaps cover wider ground than that? Does it not possibly indicate a new storehouse of knowledge capable of being applied by every mother who wants her child to develop to the full his intellectual inheritance? It has been said that childhood is the golden age of mental hygiene. If true, this implies something practical, for the up-bringing of a growing child demands something more than vague abstractions. Why trouble about it? Surely it is enough to see that the little body grows strong and straight, and that the eyes and teeth are given corrective treatment if need be. Will not the mind take care of itself? Can it be that there are laws of health for it, too, which if disregarded may bring about mental disaster? Let us see.

As a rule, it is only when prostrate in sickness that we value rightly the smoothly running machinery of the healthy body. So, too, we can understand the healthy mind better by looking for a moment at the working of a diseased mind. Look for a moment at these patients in a mental hospital. Here is a young girl who is living in a world of her own, indifferent to her surroundings, seclusive, inactive, apathetic, busy only with her own thoughts, listening to imaginary voices, slovenly in dress and habits. Life has closed in around her, though many years will pass before death releases her. Yonder is a young man chattering incessantly, constantly moving about, excited, impulsive, often violent and destructive. For months he may know the excitement of mania, or the black depths of depression, and will carry with him through life the possibility of other attacks. See this middle-aged woman crooning a lullaby to a rag doll, and watching always for the lost husband of her imagination. Victim of an undesirable mental inheritance exaggerated by a narrow,

starved existence, she has taken refuge in a permanent realm of fancy. Contrast these pitiful beings with the normal, happy, work-a-day people all about us. Has anything been left undone which might have prevented this waste of human lives? Let us read what an eminent psychiatrist says about the cause of one of the most serious mental diseases: "Another theory lays stress on mental factors as causes, regarding the mental symptoms as developments of faulty ways of meeting difficulties, shown even early in childhood. * * * In a fairly large proportion of the cases this may be one of the important contributing factors."

Having seen the train lying in the ditch, let us go back to ask what orders the engineer should have received or carried out. If we would avoid accidents we must know the rules of the road. An eminent educator writes: "For the prevention of mental disorder, however, and the development of healthful habits of mental activity, very simple things are the essential things—orderly association, healthful interests, normal attitudes toward life, attention to the present situation, a proper balance between stimulation and response, between work and rest." Once more we are reminded of the wise old saying, "As the twig is bent the bough's inclined."

Mental disease is described as a marked failure of adjustment to one's surroundings. Mental hygiene must deal therefore not only with intellect, but with conduct, and the child must be developed so as to think clearly and to live harmoniously with others in his little world. Habits of mind must be formed with at least as great care as are table manners and social graces. Each of us is a compound of tendencies inherited from a variety of ancestors, and while a child of recognized neurotic inheritance requires more careful mental guidance, all should be prevented from developing the unhealthy habits of thought and conduct discussed in these papers.

A primary tendency in all children is imitation, and parents may be directly responsible for certain characteristics of their children which are credited to more remote ancestors. Uncharitable comments on the neighbors will teach the listening child to be suspicious of others. Hampering fears may cling through life to a girl who has seen her mother terrified in a thunder storm. Angry altercations between elders will neutralize many a lesson in self-control.

Children are sensitive to the mental atmosphere surrounding them. Without a sense of affectionate warmth enveloping them, they are like pale blades of grass growing under a plank. Harshness of manner and discipline will cause repression of the frank outflowering of the child nature. The sadness of grown-ups hangs as a heavy weight on the buoyancy of childish spirits.

Among the lessons that come first both in time and in importance is the steady teaching of self-control. Outbursts of temper should be prevented as far as possible by avoiding likely causes of irritation, or by fixing the child's attention on something else when a storm is threatened. If the outburst has come, the child should be quietly but firmly carried away from its companions for a time, or even put to bed, though never left alone in a dark room when already overwrought emotionally. None but a very ignorant or thoughtless parent will find amusement in a childish outburst of rage. A nine year old girl in a family of highly neurotic make-up destroyed all peace by her frequent rages over the most trifling incidents. When the helpless mother was finally induced to apply this remedy of isolation a few times, and the child had been shown between tantrums what an object for ridicule such conduct made her, there was a rapid and most gratifying improvement. Lack of self-control permitted through childhood resulted a few years ago in the murder of a hotel clerk by a bell-boy who shot him in a sudden fit of ungovernable rage.

From the earliest years, teach your child to substitute the possible for the unobtainable. The tears shed for a far away moon may be dried by a tangible toy, and the moon remain but a bright spot in heaven. If a heavy rainstorm prevents the looked-for picnic, provide some merry indoor games and do not let the children stand at the windows and pout. If the noisy strumming on the piano must be stopped, suggest in its place a drawing contest, and train the children to enter into the new game with zest. Through life there must be no backward glances at the forbidden city, if we would escape consequences worse than the saline fate of Lot's wife.

The cheerful acceptance of the next best when the best is forbidden, if steadily taught from childhood, will enable your son in later years to meet disappointments with a cheerful courage. It will help your daughter from whom family joys may be snatched away to find an outlet for her emotional life in service for others. Repressed and unsatisfied longings for which no substitute is found are a potent cause of mental breakdown. Safety lies in frankly acknowledging the natural longing for the satisfaction of normal desires, while accepting and developing to the utmost the best available substitutes. Useless repining is a practice which corrodes the mind. The sound sense of old adages is emphasized by modern science. "There are as good fish in the sea as ever yet were caught," is but another way of preaching the doctrine of substitution and consequent peace of mind.

(To be continued)

ALUMNAE ASSOCIATIONS, THEIR OPPORTUNITIES AND OBLIGATIONS'

BY MARY E. GLADWIN, R.N.

WASN'T it Edward Everett Hale who said that it was impossible for two or three persons to come together without immediately proceeding to draw up a constitution and by-laws? Lodges, clubs, leagues, associations, legions, federations and societies,—one sees them founded under a great variety of names and for seemingly every purpose under the sun: play, religion, study, education, government, and all sorts of fads and fancies. It follows that organizations of one sort or another have come to play a very important part in our lives. It isn't strange then to find doctors and nurses following the universal tendency. Many of you in the years just passed have seen them meeting in very strange places, within the sound of great guns and in momentary danger of shell fire, just as I have seen them on the Danube and the Ægean.

Alumnae associations are founded as a result of a desire to come together, to keep in touch with other members of our profession, to maintain a closer contact with our schools and hospitals, and to make an effort to keep alive certain ideals which the stress of a busy professional life has a tendency to obscure. Except in sermons and commencement exercises, English-speaking people seem to dislike to be reminded that they have ideals and aspirations for the betterment of mankind. Nurses are like other folk in being very shy to acknowledge and in keeping carefully hidden, the ideals and purposes which animate them.

As we have come together to consider our obligations and opportunities we need to remind ourselves that this profession of ours, by means of which most of us earn our living, is an outgrowth of the need and suffering of mankind when in sickness and sorrow; that it originated in forgetfulness of self, in that desire which is common to all the world,—the longing to help those who are in need. To recognize that it is a desire common to all sorts and conditions of men, one has only to consider the appeal which such organizations as the Red Cross, the Near East Relief, the Hoover Relief Administration make in every community. The part which our work plays in modern life and thought is plainly seen in times of war and great calamity, when queens and princesses, great ladies

'Read before the Alumnae Association of the School for Nurses, City Hospital, Akron, O., July, 1921.

everywhere, are eager to don the uniform of the nurse and to take upon themselves her functions.

In considering our beginnings, there is always in mind the figure of the nun, the sister of the Middle Ages who served on dim battle fields and places of pestilence and famine. For the needs of today, we have developed a woman of quite another sort, a woman carefully trained and carefully prepared for her work, a woman very much of the world, worldly. This woman in her trim uniform, with her modern efficiency and sureness, so different from the old time and old world Sister in her life and her appearance, in order to be really successful, needs to have somewhere in the background the desire for self effacement and self sacrifice in her work which characterized the nun of old.

In addition to these intangible obligations and opportunities which are so impossible to put into adequate words, there are many obvious, practical obligations and opportunities which are the property of the alumnae associations. You will recall them at once: the fostering of the social life of the nurse, the keeping alive of school friendships, the study of new measures in medicine, surgery, and social science, the encouragement of higher education both for the pupil and for the graduate nurse, the constant influence upon the interest in the school from which the nurses graduated. Alumnae associations sometimes fail to realize the place which they occupy as the foundation of all other nursing organizations, state and national. Vigorous and up-to-date alumnae associations naturally mean vigorous and progressive district, state, and national bodies. It is to the alumnae associations that we must look for the training of nurses for active membership and leadership in the great associations of power and far reaching influence.

In order that its work may be done well and not in the casual fashion that sometimes characterizes it, it must receive careful thought and planning. Let us for a few minutes consider some of that work. The study of parliamentary law in conjunction with the study and encouragement of public speaking should run like a bright and vivid thread through all work done or contemplated. An active committee for the presentation of new methods and the review of old ones is a great help. A committee to report on new books and publications on nursing subjects and subjects of interest to nurses. A committee to report on current events is of great assistance and it goes without saying that there should be a small and very active committee to solicit subscriptions and obtain material for the AMERICAN JOURNAL OF NURSING. We cannot afford to neglect the tools of our trade. There should be, of course, a

committee on nursing education to bring before the nurses the many opportunities which are being offered for the further education of the nurse.

In doing student nurse recruiting, lately, it has astonished me to hear, over and over again, that old untruth, "After all her years of preparation the nurse is only good for ten years." To refute the statement, we may call attention to the story of Miss Maxwell, retiring at the age of seventy, after thirty years' service in the Presbyterian Hospital, New York. If you haven't read the July JOURNAL OF NURSING with its story of Miss Maxwell's years of hard work and splendid achievement, you have missed a great deal. Physicians, physiologists, psychologists, all the learned men, tell us that it is not work which ages and kills, but those things which so often go with hard work: worry, improper care of the body, lack of adjustment to one's surroundings, lack of real interest in one's work. It is wise to remember and to think over these words of Oaler seemingly so simple: "The very first step towards success in any occupation is to become interested in it." That delightful story of Mrs. Burnett's, "The Secret Garden," with its children and their magic, is worth reading by any tired or discouraged nurse. The magic turns out to be only the mental attitude of the person performing it, the adjustment to life which all must make.

Then did you see, in the morning paper, that Dr. Thwing after being for thirty years President of Western Reserve is going to a summer school this year? And have you considered how much postgraduate work means to this generation? Every one of us should be intensely proud of the Department of Nursing and Health which Miss Nutting has made at Teachers College, and it should be the ambition of every nurse, at some time, to avail herself of its opportunities, if only for the summer work. In various cities, in spite of the shortage of teachers, the public school teachers are made to feel that their positions depend in some measure upon their occasional attendance at one of the great summer schools.

I hope you rejoiced over the Institute for Instructors of Nursing, held this last June at Miami Valley Hospital in Dayton. A splendid type of school is that connected with the Miami Valley Hospital and it has set a splendid example and thereby added much to its desirability and reputation. Ohio is to be congratulated because it is forging ahead in its nursing matters. Aren't we proud of Miss Logan and the work being done in connection with the Cincinnati University? And didn't we draw a long breath of pleasure and delight that Western Reserve has created a Department of Nursing and Health under the efficient leadership of Miss Gray?

I am looking forward to the time when every school of established reputation will maintain short postgraduate courses. The advantages of postgraduate work and summer courses are not only for institutional and public health nurses, but also for private duty nurses. One of the things which made a great impression upon me as I went about the state was the sort of work being done by the teachers of Home Care of the Sick, especially in relation to the use of home appliances. It has occurred to me many times how useful an advanced course in the latter would be to private duty nurses. Cannot we have bigger and better schools, better able to maintain those standards of nursing which we have established with such difficulty?

Somewhere in Ohio, in connection with one of our many good schools, an Institute for Private Duty Nurses? Let us look forward to doing it next year,—an intensive piece of work with many demonstrations, and good teaching, made practical, vivid, interesting, appealing.

The relation between the School of Nursing and its Alumnae Association should be a very close and vital one, all the closer and more vital because the association has no power to dictate or advise in school matters. We need to remember sometimes that what affects the standing and reputation of one affects the standing and reputation of the other. It is the manifest duty of the Alumnae Association to work hard for the good of the school and to uphold and strengthen the influence of the superintendent of the school. The public judges the school by its present condition and it judges all past and present graduates accordingly. There are many good examples of how great an influence an Alumnae Association has on a school of nursing and of their interrelations. Consider for a moment that school in the east which was founded by "our" Mrs. Robb. The school is advertised by its graduates. It isn't an old school, but think of the long list of its famous women. Their absolute loyalty and devotion to each other are known everywhere. They furnish examples in many ways, but in none more notable than in their present effort to raise a million dollars to endow the school in order that it may do better work and more efficiently care for the sick. While it is not possible or necessary to raise a million dollars for your school, you can do something proportionally as valuable; first, in the sort of women and nurses you are, and second, in the support and loyalty you give in order to make it a bigger and better school, better able to maintain those standards of nursing which we have established with such difficulty.

THE LAST TEN MINUTES

BY HAZEL L. JENNINGS

Rochester, N. Y.

"O H, dear! It's ten minutes of seven and here comes a new patient." It had been a very busy day on Ward B. and Grace Emerson's pretty face wore a slight frown as she looked down the corridor and observed the office attendant bringing a new patient to her floor. She had scarcely realized that she had spoken aloud until one of her fellow nurses told her, "Room 12 is ready for her, Miss Emerson." "Thank you. You run along now," Grace told her, "because I know you are going out tonight."

"This way," Grace said to the new patient, as the attendant handed her the admission card. She led the way to the room, which was very clean and looked rather severe and uninviting in the gray twilight, but Grace did not notice this. She was in a hurry to get her patient admitted and to finish her other duties. She glanced at the card in her hand and noticed that the patient had been sent in by Dr. G—— for an operation the following morning.

"Here is the closet. I'll hang your things away, Mrs. Richards. Yes, you had better go to bed. Dr. G—— always wants his patients to go to bed as soon as admitted. Just let me take your temperature, please." Grace worked swiftly and the patient was soon in bed. "If you want anything, you can call the night nurse. She will be in later to give you some medicine. Yes, your husband can come in now. I'll call him." With a sigh of relief, Grace hurried from the room. She called Mr. Richards from the waiting room, finished her other duties, and had soon joined the other nurses in the "home."

"Here's a letter for you, Grace," called Evelyn Thompson, a light haired, rosy cheeked girl, who admired Grace immensely and was always following her about.

"Thank you, Eve. Its from Mother."

Grace sat down in one of the cosy chairs and opened her letter.

Dear Grace: I got your letter today and I'll send the dress you want this afternoon after I have changed the band on it so it will be all ready to wear. I am also sending some jelly, a cake, and some good things to eat so you can have a "spread." Your father and I expect to drive over a week from Friday for the week end and we can have a good visit then.

Your Aunt Ellen has had an operation and is getting along very nicely. I didn't want to tell you until it was all over with because I thought you would worry. Everything was fine, but Grace, dear, why can't some of the nurses learn to be a little more thoughtful? When we went to the hospital, a girl from the office took us to the floor where Aunt Ellen's room was. A very trim nurse, who

reminded me of a perfectly working piece of machinery, nodded to us to indicate that we were to follow her. She helped Aunt Ellen undress without comment, took her pulse and temperature, and told her if she wanted anything to call a nurse. Of course, it is routine work for the nurse, but for your aunt, who had never been in a hospital before, it was a very momentous occasion. A little word of encouragement from one who sees operative cases every day, would have helped so much. We had driven in and it was very cold. A hot drink, while not really necessary, would have been very much appreciated, for we hadn't any idea whether she could have a little lunch that night or not. While I was out in the corridor in search of the bath room, so I could tell Aunt Ellen where it was, the nurse had come to take her rings, money, etc., to put them in the safe, and I found her crying because she had never had her wedding ring off before. After I had her quieted, I went down to the office to inquire about visiting hours, telephone messages, etc. When I got back it was after seven and the night nurse had come on duty. I liked her as soon as I saw her. She had dark hair and twinkling blue eyes. It wasn't long before she came in with some medicine. "This doesn't taste very good," she said, "so we'll get it over with as soon as possible." She stopped to talk a minute or two, and told us, "I had a patient recently, who had the same operation you are going to have, Mrs. Graham, and she is getting along beautifully. Don't worry. You'll be so much better after it is over. I'll get you a glass of water and a blanket and if you want anything before I get back, just push this little button," indicating a little call bell. "I'll be in again in a little while."

After the nurse had gone, Ellen told me to go home, because she knew that the night nurse would be good to her. She had taken a great fancy to her and I promised to come up early in the morning, and started home. On the way out I met the nurse, and she said "Good night," and told me I mustn't worry, because my sister would surely get along nicely and that they would take good care of her. She certainly did her part in taking good care of Aunt Ellen after the operation. She seemed to know just where a pillow or a little rubbing with alcohol would help to relieve the pain and Ellen certainly adores her.

I must stop now, dear. Your father is waiting to take this to mail. I'll just take time to add that I'm thankful that you chose nursing and that I'm very proud to know that my little girl is the kind of nurse whom the patients will all love.

Love and lots of kisses.

MOTHER.

Grace sat very still after she had read the letter. Two big tears were standing in her eyes. She had failed her patients and she had betrayed the trust which her mother had placed in her. With a sudden determination she decided to go back on her floor and see her new patient. She walked softly into the room and found her crying quietly. Going up to the bed, Grace laid her hand on Mrs. Richards' shoulder and explained in rather a shaky voice that she had been thinking about her and had come back to see if there were anything she wanted.

"Why, bless your heart, child," exclaimed Mrs. Richards, "that is awfully good of you, and here I was thinking nobody here cared whether the patients live or die. I guess I'm silly to cry, but I'm just

a little worried about tomorrow. There's no one to look after my children if I shouldn't come through all right." Grace explained to Mrs. Richards that since her general condition was good, there seemed to be no reason why she shouldn't stand the operation very well. She talked with her for a few minutes until the patient told her that she was getting sleepy and would go to sleep immediately in order to be well rested. As Grace was leaving, Mrs. Richards told her, "You don't know how much you have helped me, Miss Emerson. I feel lots better about tomorrow, and I'll try not to worry a bit. I hope when my little girl grows up that she will train and become as fine a nurse as you are."

Grace walked slowly back to the "home" and joined some of the girls who were having a "spread." "What's happened, Gracie?" asked one of the girls. "You look as if some one had presented you with a hundred dollars."

"It was better than that," replied Grace with a happy little laugh, although there was a suspicion of tears in her eyes.

OCCUPATION THERAPY IN HOSPITALS¹

BY ELSIE TAFT, R.N.

*Director, Reconstruction Aides, Walter Reed Hospital
Washington, D. C.*

IN order briefly to give an idea of occupation therapy in hospitals, its aims and ideals, and its reason for being, I will take up the subject under six headings.

FIRST.—THE PRESENT DEMAND FOR TEACHERS. This comes in from hospitals and clinics of all sorts. Probably because the Walter Reed is a general hospital, we get mostly requests for aides who are qualified to take charge of curative work shops. Teachers are wanted for work in psychopathic, tubercular, orthopedic, peripheral nerve, amputation, general hospitals, for work in clinics and dispensaries, for work in state institutions for chronic cases, industrial schools, reformatories, and almshouses, work for waiting mothers in maternity hospitals, in coöperation with district nurses, and in schools and camps where hand work is considered as important as book learning. Judging by the fact that I frequently receive a second letter from the same person, asking for more names of aides, I conclude that the demand is far greater than the supply.

¹ Read at a meeting of the District of Columbia League of Nursing Education.

SECOND.—HOSPITAL ORGANIZATION. In every hospital there is a medical head or superintendent, under him are the heads of the different departments, medical, surgical, etc., each having its own set of internes or assistants. Next come the nurses with a similar organization of superintendent, head nurses, and nurses, working in close coöperation with the physicians. So should the occupation teacher, as supervisor, with head aides and aides, work in close coöperation with the others.

THIRD.—THE PLACE OF OCCUPATION THERAPY IN THE ORGANIZATION. The teacher is responsible to the superintendent of the hospital, as the chief nurse is. Her work with the patients should be governed entirely by explicit directions and prescriptions from the doctor. The position of the occupation teacher is somewhat analagous to the position of the dietitians in a hospital. The doctor may prescribe salt free diet for a patient, though he does not necessarily know how to prepare salt free bread. He may prescribe exercises for musculo-spiral injury, without knowing just which craft will best suit the individual case.

FOURTH.—THE DUTIES OF THE OCCUPATION THERAPY TEACHER. There are four main duties: toward the physician, toward the patient, toward the organization, toward the outside world.

The teacher's duty toward the physician is that of filling his prescriptions for his patients. Theoretically and ideally, the physician prescribes the kind of work he wants given his patients. Practically, the physician is so busy keeping up with the latest discoveries in special diseases that he has very little time to keep abreast of developments in occupation therapy. A busy surgeon hasn't time to study out why the special sandpaperer is beneficial for certain cases of musculo-spiral injury, while an ordinary sandpaperer, round which the patient could flex his thumb and fingers would be injurious. He simply orders so many minutes a day for extension of thumb and fingers, and he must trust to the discretion of the teacher to give the patient exercise which will be beneficial and not harmful. The patient may tire of constant sandpapering, and the teacher may transfer him to the Gobelin tapestry loom. She must watch the patient's progress, and by changing his work after a week or a month, when he shows improvement, give him something a little harder to do. She must know how to read the graph of the curative measurements, and if the curve is not showing steady improvement, she must check up her part of his treatment, she must see that he comes regularly to his assignment, that he is not working for too long periods, nor too strenuously, that he is using the proper tool in the way which will give him most benefit, not necessarily in the way which is technically correct.

With a tubercular patient, of course, the physician will prescribe very definitely the length of time the patient may work, and what sort of equipment he may use, how much he may exert himself. Also with psychopathic patients, it is necessary to know what sort of tools a patient may work with, whether the physician desires to have the patient's activities encouraged, as in dementia praecox, or curbed, as in cases of hyperactivity. But just as no physician would engage an expert dietitian and then do all the cooking himself, neither would a physician engage a trained occupation teacher and reduce her activities to the level of his own knowledge of crafts.

The duty of the teacher toward the patient is instruction and diversion. For curative work she must have knowledge of anatomy, of disabilities, and of the application of different kinds of work as treatment for disabilities, so clearly in her mind, that she can judge accurately and without hesitation which particular form of work suits the individual case. She must see that the patient is regular in attendance; she must stimulate his desire to recover or master his difficulty; she must try to put him on work that he will desire to continue afterward as a vocation or as a hobby; and she must encourage his feeling of self esteem by letting him fill orders or do work which people are willing to pay for. (Not that we wish to commercialize the work, but this is the natural gauge of worthwhile work.) The teacher should increase or develop the patient's education along lines of hand work or along academic lines. In a hospital where there is an occupational department, it should be a disgrace to allow a patient to depart who cannot write his own name.

To use occupations as a means of serious instruction as well as of diversion for the patient, the aide needs not only an attractive personality, but also a knowledge of salesmanship. She must not only sell her instruction to reluctant buyers, but as the automobile advertisement says, she must "keep it sold."

The duty of the teacher toward the organization is primarily coöperation; her success in the institution depends upon that, but the scope of her work should include more than pleasant coöperation. In carrying out her duties toward the physician, the patient, and the organization, the aide is constantly acquiring knowledge of problems and difficulties of the patients or the personnel, which is very valuable. If she spreads this information promiscuously, she may do great harm; if she keeps it all in her head, it is lost; but if she takes it up with the proper authorities, much good can be done. It is through the problems and difficulties of individuals that the adjustments are made which contribute most to the general welfare. The aides at the Walter Reed General Hospital have established a system

which, though entirely separate from that of the social service aides, by working along some of the same lines and in closest coöperation, is a recognized factor in the morale work of the hospital. They do much in a quiet way to safeguard the health of the patients. They endeavor to replace gambling with saner forms of entertainment; they dissuade the patients from leaving the hospital before the surgeons are willing that they should go; they are constantly on the watch for signs of boot-leggers, undesirable looking visitors, for pernicious influences of all sorts that creep into a big hospital where there are many convalescent young men.

One illustration may indicate the relationship of the aide to her patients. One night after the theatre I heard an aide speak to one of her patients whom she met casually on the street in Washington. "Why, Jones, where is your splint?" "Oh, Miss S., I just parked it around the corner because I wanted to go to a dance." She persuaded him to show her where it was "parked" beside a heap of bricks and rubbish; meekly he let her readjust it on his arm, grumbling, "Might have known one of you aides 'd catch me." In a second or two the aide had learned from the man that he was determined to "make a night of it," he knew where he could get a "little something that would taste good," etc., but after five minutes' conversation he abandoned his plans and came home to the hospital.

The aides not only report individual problems and difficulties, but they assist in spreading information of the right sort; they take active part in the amusements and social activities; and as chief feature of their work, they encourage every man to take advantage of the opportunities offered him.

The duty of the teacher toward the outside world is to send the patients out of the hospital better citizens than when they came in, in better health, with something added to their education, and with their ideals developed.

FIFTH.—THE NECESSARY TRAINING TO FIT AN OCCUPATION TEACHER TO PERFORM THESE DUTIES. One or two outstanding features are: cultural background is more to be desired than a college education, and for the most part, the successful aides are those who have had years of experience earning their own living at some sort of handwork. As for special training, an aide should be trained in general work, as a nurse is trained in a general hospital, to fill any position, with a knowledge of all phases of her work. In order to perform her first duty, that of filling the doctor's prescription, the teacher must first of all know crafts thoroughly, not merely a knowledge which enables her to make a beautiful article for a school exhibit, but also a knowledge of how to teach it. It is equally important

that she know anatomy. She must pursue the study of anatomy and kindred subjects, until she knows the common disabilities which are caused by accidents; until she knows muscles and bones and joints; and how the terms flexion and extension, pro-and supination apply to the joints; the functions of the muscles which are controlled by the different nerves, and so forth. All this is essential, before an occupation teacher can be trusted to carry out a prescription.

Not only must the teacher know anatomy, but she must know her crafts and her tools, with reference to muscles and joints. A hammer must mean pro and supination of the wrist, etc. For a large per cent of cases, a knowledge of the application of craft work to disability is the first requisite. It is the serious omission of this sort of training that has in the past made doctors skeptical of the ability of aides to teach curative work. The time for courses of superficial training passed with the war emergency.

An important feature of the aide's training should be normal psychology and the psychology of disease, also the psychology of salesmanship. The course should include physiology and diseases,—a knowledge of tuberculosis, for example. The teacher must know among other things, why dust and chest expansion are contraindicated in tuberculosis. She must realize why work is given to tubercular patients, first as a diversional occupation, then why, as the patient progresses toward health, his work must be increased to harden him, so that when he is ready to resume his place in the field of labor he will have been prepared for it gradually. So much for ability to fill the doctor's prescription. The aide's training should develop the proper attitude toward her patients: teach her when and how to urge her patients to work; how far to be influenced by their whims.

Practice work under supervision should give the student her idea of coöperation with the organization of which she becomes a member. Association with the right sort of teachers during her training should instill into her high ideals and ambitions.

SIXTH.—THE AIM OF THE OCCUPATION TEACHER. A hospital is not only a curative but also an educational institution, in that it teaches better living, better control of one's environment. The aim of the occupation teacher should be her duty toward the outside world, to send the patient out of the hospital a better man than when he came in, in better health, with a better education, with a broader outlook, better morally, physically, and spiritually.

CAUSE OF DIABETES MELLITUS

BY LUTHA WALKER, M.D.

Spokane, Washington

SO much has been written recently on the cause of diabetes mellitus that it is hard for a nurse to know just what is the latest information on the subject. She is frequently confronted with the question from her patient or her patient's relatives: "Just what kind of kidney trouble is sugar diabetes, and what causes it,—too much sugar in the diet?" and she has become so accustomed to answering—"No, it isn't kidney trouble at all; it is thought to be trouble with the pancreas, while the kidneys are only the accommodating organs that relieve the overloaded blood of its excess of sugar"—that she is in danger of dismissing the subject from her own mind at this point. I wonder if, as nurses, you would not like to consider the matter more fully.

It has long been known that besides the function of secreting pancreatic juice, the pancreas also manufactures an internal secretion which the blood takes up on its journey through this organ, and which, when distributed to the various cells of the body, makes it possible for them to use sugar. If for any reason this internal secretion is absent, the cells are unable to burn sugar and the blood becomes overloaded with it, when it is dumped into the kidneys and excreted in the urine. The pancreatic function of producing an internal secretion is attributed to the Islands of Langerhan, tiny bodies found throughout the organ. Any amount in excess of 0.1 per cent to 0.2 per cent of sugar in the blood is an irritant and will be excreted by the kidneys. It is interesting to note that sugar is also an irritant to the kidneys, and in order to excrete it they require great quantities of water, which gives rise to the polyuria always to be noted in cases of diabetes mellitus.

While in more than one-half of the cases studied, the pancreas has shown decided pathological changes in its structure, it is not always to be blamed for the appearance of sugar in the urine. It has more recently been learned that the pituitary gland, that little organ at the base of the brain, has a very decided action over the assimilation of sugar, and that disturbances of the posterior lobe of this organ will be followed by glycosuria. Likewise, the suprarenals and the thyroid, two other internal secretion glands, have experimentally been found to exert a controlling influence over sugar metabolism.

It is well known that when carbohydrates, whether in the form

of starch or sugar, are taken in excess of the amount needed for immediate use, the liver takes much of the digested product from the blood and manufactures it into glycogen, in which form it is stored, later to be reconverted into glucose and doled out to the blood as it is needed by the system. Now if this glycogenic function of the liver is interfered with, either through organic liver trouble or through disturbance of the nervous system, the blood, much of the time, will have more sugar than its normal capacity will permit it to handle, i.e., 0.2 per cent, and the kidneys will be called upon to eliminate it. Indeed, a temporary glycosuria may occur in a normal person at any time, if he eats excessively of sugar, especially if it be of the simple sugar class, for very little or no digestion is required of this product, and although the liver may be working overtime to care for the excess, the digestive organs may be loading up the blood so rapidly that the kidneys have to come to the rescue. This temporary glycosuria is of no pathological significance; it requires only a few hours of time for the system to adjust itself. The nervous system is known to have a direct influence upon sugar metabolism, especially the sympathetic system, but just how, has not been agreed upon by students of this subject.

There is one other phase of the study that is well worth our attention. Contrary to former teaching, there are some cases in which the kidneys are actually at fault, for instead of allowing the blood to carry its allotted amount of sugar, they extract it when the blood is carrying even less than 0.1 per cent., much as they do albumen in cases of Bright's disease. This, however, is very rare and should not be considered of sufficient weight to cause one to agree with the commonly accepted opinion of the laity that diabetes is a kidney disease. That the kidneys do eventually become diseased in cases of diabetes mellitus, is due to the fact that sugar is not a normal constituent of the urine, and will in time so irritate the organs as to bring about grave pathological changes in their structure.

A PRACTICAL SUGGESTION

Silver Nitrate stains may be removed from the hands by the use of Tincture of Iodine or Potassium Iodide. It is the Potassium Iodide that does the work in either case, as it is present in the tincture.

USEFUL REMEDIES FOR LITTLE ILLS

BY O. W. NOLEN

Kerrville, Texas

EVERY nurse is supposed to possess a knowledge of what to use for the multitude of minor ailments, such as bites, stings, fever blisters, etc., but there are so many different substances and preparations used for each affliction that they are at times at a loss to know just what would be best to use. Or perhaps they do not keep some definite remedy in mind, so when an occasion arises they have to try to locate the particular remedy in a reference book if one is at hand, for they would feel reluctant about consulting a doctor in regard to what to use for some little matter that they are supposed to know how to treat themselves.

Take the problem of treating fever blisters—something that nurses may have to treat any day in the year; there are many things used for this, such as tincture of benzoin compound, spirits of camphor, etc., all of which give good results, but you want to know what is the best, so here it is: Just put four or five drops of tincture of iodine in half an ounce of spirits of camphor. After once trying this preparation you won't use anything else.

Of insect stings, those of wasps and bees are the most common. Ammonia water is usually used for such cases, but the best results are obtained by using a preparation of one dram of carbolic acid crystals dissolved by a little heat, and mixed with one dram of water and four drams of glycerin; see that the sting has been removed, then put two or three drops of the preparation on a piece of cotton and bind upon the place.

One way to obtain relief from corns is to pare the corn off as close as possible without drawing the blood, then put a piece of adhesive plaster on the spot. The adhesive can be replaced as often as desired, but should be worn continuously for some time.

For the infection caused by poison ivy, use a saturated solution of sugar of lead in 60 per cent alcohol, and rub over the affected area several times a day. The lead acetate of course is poisonous, so the solution should be kept in a safe place.

Sometimes scratches and skinned places cause continued bleeding. For this use equal parts of finely powdered alum and tannic acid on the spot. (Alum and tannin are the basis of nearly all styptic powders used by barbers.)

Often nurses are called upon to treat some little hurt that may be too insignificant to bind up, but which may be irritated by water,

dust, or the clothing; in these cases paint the places with flexible collodion; it forms a perfect coating that will protect the spot for some time. Remember that the ether in the preparation is inflammable, so do not get it near a flame while applying it.

For chapped hands and face there are few things that equal the results obtained by using a preparation of equal parts of glycerin and alcohol. (A little rose water may be added if desired.)

Tooth aches are always a very unsatisfactory thing to treat, for in many cases no relief can be obtained until the offending tooth is removed. Dip a piece of cotton in tincture of opium and let most of the alcohol evaporate, then place in the cavity. Another good preparation is made of half a dram of oil of cloves mixed with one dram each of alcohol and creosote, this to be applied to the cavity with cotton.

YOUR JOURNAL

IN four wide-windowed rooms on the sixth floor of a typical office building in the friendly, tree shaded, "over-grown village" which is the city of Rochester, your JOURNAL has its home. Here are the half dozen type-writers and other mechanical devices, the desks, the filing cabinets, the crowded book shelves and other material equipment essential to the production of a monthly magazine. Only a few blocks away is the printing establishment which is responsible for putting thousands of "Green Journals" in the mail each month. One realizes the "power of the press" upon viewing, for the first time, the imposing sight of truck load after truck load of magazines and visualizing each unit in a pile as a messenger from soldier to soldier in the battle for health.

Our day begins with the mail which is always interesting, always colorful, for there is always a sprinkling of letters or journals from the far places of the earth. Today the unusual is provided by a Japanese magazine agency writing for sample copies, yesterday it was "Una," the journal of our Australian sisters, another time a book order for one of the new European schools. Each piece is scrutinized by one of the editors, dated and sorted for the various desks; book orders to one, changes in address (which offer a fascinating field for conjecture) to the two clerks (who was it said that nurses are high-class nomads?) who are constantly engaged in keeping the address files up to date and who in turn hand the new address over to the stencil cutter, who prepares the plate actually used on the wrapper. Checks and money orders go to the bookkeeper, advertising copy to

Miss Kinlay, office manager, and worthy of personal and honorable mention here for her ten years of faithful service.

To the editors come all manuscripts and other material offered, hopefully or reluctantly, for the JOURNAL pages, all exchanges, comprising about forty weekly and monthly publications to be reviewed each month, also, unopened, all letters personally directed. Any JOURNAL subscriber or non-subscribing friend is thus assured direct access to either editor.

In the "editorial sanctum" the days are varied according to the date. Articles must be edited and in the printer's hands on the first of the month, departmental material on the fifth, and all other material by the fifteenth, when the pages close. Copy seems hardly to have left the office before the impudently efficient printer's boy is back with proof for correction. Five times do the editors read every bit of material published.

As the day goes on, come the staff with their problems or most interesting bits of information. When the bookkeeper notes that this month's balance is a little more favorable than last month's at the same time, she hastens to impart the news. An unusually large number of subscriptions is cause for rejoicing by the whole staff. And on the fifteenth when the files are counted all hopes are centered on breaking all previous records.

One's first thought on entering the office is "What a pleasant place in which to work. Every one is so interested." The JOURNAL office is much more than that. Every worker in it is doing more than filling a position or holding a job and, in seeking the cause, outside that of individual merit, the conclusion is reached that it is still permeated with the spirit of that great woman who first made our national journal possible, a spirit most fortunately duplicated in her to whom fell the task of carrying on alone for many months.

The writer last saw Miss Palmer at a national convention where she was endeavoring to impress upon a great gathering of nurses the fact that our magazine is strictly a coöperative enterprise dependent upon the members of the American Nurses' Association not only for financial and moral support, but also, in large measure, for material.

A never-to-be-forgotten impression is that of Miss Palmer facing the audience, a copy of the JOURNAL held to her breast with both hands. That attitude was typical of her feeling, the JOURNAL was literally carried next her heart. It is that spirit that pervades the office today, a heritage descending to those who follow and providing a powerful and moving incentive to an aspiration for farther horizons than have yet been possible.

M. M. R.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

PRACTICAL NURSING,—YESTERDAY AND TODAY¹

BY GRACE WATSON, R.N.

Instructor, Philadelphia General Hospital School of Nursing, Philadelphia

IN a book published last year, entitled "A Short History of Nursing," and written by Lavinia L. Dock and Isabel M. Stewart, there is a comprehensive view of our profession from its beginning up to the present. Through this book one feels the inspiration which prompted and made possible the work of the pioneers in nursing. Its closing chapter ends with a call to the "Apprenticeship of Duty" and an inspiring vision of the future. In the light of the ideals which have given nursing its rich heritage, the nurses of today may look upon the present with courage and assurance, even though the picture be clouded with immediate perplexities.

The object of this paper is the consideration of that phase of nursing, so called "practical nursing," of yesterday and today. By practical nursing of yesterday, is meant the average standard of nursing work in hospitals of a period of twenty or more years ago.

No absolute statement can be made concerning the average standard of this period, because at that time, every training school had its own standard, which was largely determined by the superintendent of nurses, on a basis of the nursing education received by her in her own school. In order to judge the practical nursing standards of earlier years, let us consider first some of the facts concerning the system of nursing education in training schools connected with large and representative hospitals, and particular factors in the teaching of practical nursing.

The curricula of the majority of training schools of twenty years ago included relatively few subjects. These were Anatomy and Physiology, Materia Medica, Practical Nursing, Dietetics, Massage, Bandaging, Medical Diseases, Surgery, Obstetrics, Gynecology, Nervous and Mental Diseases, and Ethics. The superintendents of the training schools taught the principles of nursing. Demonstrations of bed-side nursing were given mainly by the head nurses in the hospital wards. The immediate supervision and the employment of such opportunity for drill as might arise in the ordinary day's routine,

¹ Read at the Annual Convention, National League of Nursing Education, Kansas City, Mo., April, 1921.

were also included in the duties of the head nurse. No systematized effort was made to relate practical nursing to the sciences underlying it, for science as such occupied a small place in the curriculum.

The standard of practical nursing of those days was for the most part that of mechanical routine, the excellence of which depended chiefly on the supervision given the work, plus the varying degrees of conscientiousness and rote memory displayed by the nurse. Just as in other lines in which mechanical effort with repetition results in one kind of efficiency, so, under these conditions, there was produced a quality of nursing, efficient from one point of view, but sadly unsound except in the case of those who knew enough to know they did not know, but whose intelligence carried them far beyond the limits of the meagre teaching provided in the curriculum. To this latter group, the present generation owes an inestimable debt of gratitude for the high idealism and the far-sighted leadership which have always characterized their work.

During the past twenty years, many rapid changes have occurred which have significant bearing on the subject of practical nursing; in the first place, a conspicuously rapid increase in the number of hospitals, both private and public, and of training schools established in connection with them; secondly, the changed attitude on the part of the public towards hospitals. Increasing numbers of people going to hospitals resulted in greater familiarity with nursing work and a more wide-spread knowledge of matters of health and disease.

Within the hospitals themselves, changes were taking place, as scientific discoveries, affecting medicine, were constantly being made. The growth of medical schools brought more students to the hospitals for clinical instruction. The addition of research laboratories wrought changes in the routine medical treatment and nursing care of patients. It will readily be seen, therefore, to what extent the actual working conditions of the nurses, especially the head nurses in the hospital wards, was affected. More and more of their time was devoted to assisting the doctors with technical procedures. The keeping of patients' records became a more complicated task than formerly. The institution of modern efficiency methods in hospital administration likewise made its demands. The need for uniformity in teaching the art side of nursing was beginning to be felt. It could be seen that greater uniformity in methods would result in greater efficiency from every standpoint, economic as well as professional.

To meet these needs, the work of the instruction of student nurses began to be centralized in one or more persons, usually the superintendent or her assistants, and head nurses were gradually relieved of teaching responsibility. This, together with the increased work

which the new developments in medical science added to the work of head nurses, has resulted in a lessening of their supervision of the pupils, a fact much to be regretted.

In keeping with the general progress of science, nursing education began to be developed along broader and more scientific lines. Leaders in the profession struggled to advance nursing education and to keep it abreast with the times. The curriculum was enlarged to include Bacteriology, Chemistry, Hygiene and Sanitation, Household Economics, Elements of Pathology, Special Therapeutics, History of Nursing, Psychology, Professional Problems; special branches such as Private Nursing, Institutional Nursing, Public Health Nursing, Social Service, and others. In recent years a standard curriculum for training schools has been compiled and efforts have been made to standardize the teaching of practical nursing. Other changes include the raising of educational standards for admission to training schools and the increase in the number of schools having University affiliation.

In connection with all the various changes occurring during this period, it is important to note that there was no marked decrease in the daily number of working hours of student nurses in hospital wards, neither was there any adjustment made in the relation of theory and practice, though the practice had become increasingly more complicated and exacting, and the amount of theory increased in some schools more than two hundred per cent.

One criticism commonly heard in recent years, from members of our own profession, is that the general character of practical nursing is becoming poorer, as the schools add to their curricula. In several instances, state boards of examiners report the character of practical nursing demonstrated by candidates to be unsatisfactory, and indicative of low standards. Are these criticisms just? If so, do the changes and developments in the hospitals and training schools explain how this condition has inevitably arisen? Are the criticisms symptoms of a transitory stage in nursing development, or is it true that there is a decadence in the art of nursing?

To answer the first of these questions, let us summarize briefly the changes which have occurred in training schools.

Twenty years ago, less than one-half the number of subjects were taught than are taught today. The teaching of the earlier schools was done, often, by an overburdened superintendent; today instructors who have had special preparation for their work, are to be found in all the large schools. The teaching was formerly done in one lecture room, or on the hospital wards; today, adequately equipped classrooms and laboratories are provided and in addition the hospital

wards are frequently used for clinical instruction. The proportionate number of hours devoted to practical nursing in its various branches is greatly increased over what it was formerly.

The supervision of practical nursing, alone, seems to have suffered by the changes. Supervision being one of the most important factors making for good nursing, it would appear that here a weak point in our educational system is revealed. There has been no adequate substitution for the constant and close supervision formerly given by head nurses. Instructors have not had sufficient time to supervise student nurses in the early period of their training. Theory and practice have not been sufficiently correlated, and the result has been a lack of application of theory and poor practice. At the present time, there is a tendency in some schools to provide better supervision of the student nurses during the first few months of their training, when they are forming habits which will determine largely the quality of their later work.

In former years, the place occupied by practical nursing was a conspicuous one in the student nurse's education. What place does it occupy today in the preparation of the nurse for the various fields open to her for future work? We are told that practical nursing is the major subject of the curriculum. A study of the curriculum shows this to be true. What do we mean by practical nursing? Do we convey the same meaning by the word "nursing" as we do by "practical nursing"? Is not all nursing practical?

For the sake of clearness, let us emphasize the word nursing rather than the adjective so often accompanying it. In regard to this point Miss Nightingale has aptly said, "A nurse should do nothing but nurse,—if you want a charwoman, have one, nursing is a specialty."

In order to get a view of what is meant by practical nursing, one must look at a nurse's work, freed from traditional mechanical effort and drudgery, which has not and which never had a place in nursing. Nursing must be inspired by a knowledge of the "why" of the conditions the nurse meets and of the remedies applied to those conditions. This knowledge can be obtained in no other way but by a sound scientific training. In other words, let there be put into nursing all that it is capable of possessing and then place it at the service of others in whatever fields it may be the nurse's privilege to work.

What part does practical nursing play in the various phases of nursing activity as, for example, in private nursing, district or public health nursing; in the work of superintendents of nurses in training schools, instructors, supervisors and head nurses? The success of the private duty nurse depends entirely upon her practical nursing

ability. The district or public health nurse makes her strongest appeal to the public through the successful care of her sick patients. In her notes on district nursing, Miss Nightingale states: "What I want is something to do in the cottage! To sit on a chair and ask questions is not the way to have real intercourse from heart to heart with the poor or anybody. But, if I know how to nurse them, opportunities for doing good would arise of themselves and I should have some definite errand to take me in." Regarding the importance of practical nursing to superintendents, she says, also, "Unless a superintendent herself knows what the nurse she has to superintend ought to do, she is always at a loss. She is never sure of her work. She must, herself, be the measure of her work."

From the standpoint of the teacher, it is a matter of common observation that the strongest impressions made upon the pupils are those made by demonstrations of skillful nursing procedures. I have personally observed that the admiration of skilled nursing technic does not diminish as the pupil advances in her course. On the contrary, her admiration and appreciation increase with her knowledge and experience with sick patients. Even students whose interest seems greater in the theoretical side of nursing than in the practical side never fail to be deeply interested by a demonstration of a finished piece of nursing work. Does the supervisor in a training school anywhere find her work more warmly appreciated, or do opportunities for real service come to her in any situation more than in the supervision of the art of nursing? Does the head nurse measure her usefulness in any way more than in her ability to set the example of what nursing means in a hospital ward?

Concerning the trend of the attitude toward practical nursing, what may be said? According to the revised standard curriculum: in the first year, out of a total of sixteen subjects extending over three hundred and fifty-five hours, one hundred hours are devoted to nursing; in the second year, out of a total of nine subjects, extending over one hundred and twenty hours, one hundred hours are devoted to nursing; in the third year, out of a total of fourteen subjects, extending over one hundred and twenty hours, seventy hours are devoted to nursing. This is a total of forty-five per cent of the total number of hours given to nursing subjects. If hospital housekeeping, bandaging, dietetics, and cooking, are included,—subjects devoted entirely to nursing occupy fifty-five per cent of the total number of prescribed hours. This answers the question regarding the part practical nursing shares in the curriculum.

If we regard the aim of the profession of nursing to be the health of the public, the aim of the training school is, therefore, the

preparation of public health teachers. Every phase of nursing work demonstrates that the nurse is a teacher. How does practical nursing help to realize our ideals for the future of public health? It contributes directly by arousing the interest of the public in all matters pertaining to health. Through what she does, rather than what she says, the nurse makes the appeal, stimulates the interest, and initiates the habits she desires to maintain in those whom she serves and teaches.

The best nurse may be defined, as the psychologist has defined the best lawyer and the best physician: "The best lawyer is not the one who knows most about law, but the one who can get the most lawsuits honorably. The best physician is not the one who knows most about medicine, but the one who can cure most patients." May we not say that the best nurse is not the one who knows most about the theory of nursing, or the history of nursing, or statistics concerning nursing, or nursing legislation, although all of these are vital, but rather she is the one who can nurture and cherish the greatest number of sick and well, according to the laws of health, mind, and body.

To come into possession of the art of nursing, our knowledge must be built on the only foundation on which all art is built, namely, science. Not all student nurses, in the beginning of their training are interested in the scientific principles underlying their work. May not the desired interest be aroused by an appeal to the art side of nursing, in the truest meaning of this phrase, and by opening the door of opportunity for them so that they may come into possession of the truths by which the art is achieved.

Let us endeavor to raise our art to the highest possible level and maintain it for its own sake. Through his finished product the sculptor reveals his science. Others, imitating his art, discover the scientific laws by which his masterpiece was created.

From the finished product of the art in nursing, there will be developed the truth of science upon which our profession may safely be founded. Then, indeed, will the activities of professional nursing reveal practical nursing as "the finest of the fine arts."

AN INSTITUTE IN CALIFORNIA

An institute for administrators and instructors in schools of nursing was held in San Francisco, under the direction of the State League of Nursing Education, and following the state nurses' annual convention. The programme covered two days and one-half,—Thursday, Friday and Saturday morning, August 4, 5 and 6; there were no evening sessions. The registration showed an attendance of one

hundred and sixteen. Forty-eight schools were represented either by their superintendent or instructor, or both. There were also in attendance eleven head nurses and supervisors, nineteen public health nurses, three instructors in Hygiene and Home Nursing courses, nine nurses representing alumnae associations.

The topics selected for this limited time were those thought to be of particular interest to the teachers from the pedagogical standpoint. Professors from the University of California and Mills College contributed most generously; superintendents and instructors conducted round tables. The student nurses of the San Francisco hospital, where the Institute was held the first day, presented a remarkable series of demonstrations, directed by their instructors. At Letterman General Hospital the Institute was held, on the last morning, in the class room of the Army School of Nursing, where class room equipment, trays, etc., were on exhibition.

The topics discussed included Psychology of Teaching; The Question,—How to Formulate and Present; Basic Education for Students of Nursing; The Normal Girl,—Her Problems and Difficulties; The Place of Psychology in the Curriculum; Methods of Teaching Chemistry, Bacteriology, Anatomy and Physiology, Materia Medica, Importance of Records; Arranging Class Schedules; The Question of Electives During the Course of Training; Importance of Psychiatry to Nurses; Student Government. The latter topic was presented by three students from different schools, in a very able and interesting manner.

The intense interest shown by every one who attended and the unanimous request for another, bids fair to see the Institute an annual function. The inspiration derived from three days of close concentration on methods of teaching, given by masters of pedagogy, cannot but be of immeasurable assistance to the teachers in our schools, and in these we are including, with our instructors and head nurses, supervisors and those concerned intimately with the theoretical and practical teaching of our students.

During the Institute there were on exhibit pamphlets, reprints, also photographs of Miss Nightingale and Miss Delano, from National Headquarters. Many availed themselves of this opportunity to secure literature and photographs for their class rooms.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Department of Nursing, American Red Cross

RED CROSS SUB-COMMITTEE ON PUBLIC HEALTH NURSING

THE Red Cross Public Health Nursing Service has often felt the need of advice in regard to its particular problems from the public health nurse members of the Red Cross National Committee on Nursing Service. These members could only speak as individuals, however, and no official weight could be given their opinion and recommendation unless the whole committee were appealed to. Some time ago it was suggested that the National Committee appoint a sub-committee on public health nursing which could be formally consulted on matters concerning the Red Cross Public Health Nursing Service and whose collective opinion could be given official cognizance. Accordingly in July, Miss Noyes appointed such a sub-committee from members of the National Committee from nominations presented by the Director of Public Health Nursing Service. It was our good fortune that all invited to serve accepted.

The sub-committee is made up of the following: Edna L. Foley, Mary S. Gardner, Florence Patterson, Cecilia Evans, and Anne H. Strong. Already this committee has been asked to advise the National Committee concerning the character and amount of postgraduate training or experience in public health nursing which may be accepted as the equivalent of enrollment requirements for those graduate nurses applying for enrollment in the Red Cross Nursing Service who are disqualified because of deficiencies in undergraduate training.

ITALIAN NOBLEWOMEN VISIT AMERICA

A group of three Italian noblewomen, at the invitation of the American Red Cross Nursing Service, visited this country during the past summer for the express purpose of studying nursing education,—particularly as applied to schools of nursing and specific types of work performed by the graduate nurse. This study group was chosen from the local committees established under Red Cross supervision by Mary S. Gardner and Edna L. Foley in various Italian cities. Its personnel included the Marchesa Paola Firmaturo, of Palermo; the Contessa Nora Balzani, of Rome and Signorina Caterina Bosio, of Florence. All three speak English, French, and Italian with equal fluency. Signorina Bosio is herself half American, her mother having been Mabel Dix, a sister of the well known New York clergyman, Rev. Morgan L. Dix. Contessa Balzani is Irish on her mother's side.

The Italian group landed in Boston on August 2nd and during their stay,—as in each of the other American cities visited,—were guests of the local Division and Chapter of the American Red Cross. Their experience in New England is a fair sample of the General nature of their itinerary. Escorted by the Division Directors of Nursing and members of the Boston Chapter, the Italian visitors were conducted through the local schools of nursing to gain a general idea of each step in the plan of education required in this country for the preparation of a graduate nurse. One day was spent with the Instructive District Nursing Association, studying various aspects of public health nursing and the technique and routine of this phase of community welfare work. Among the institutions visited in New England were the Social Service Department of the Massachusetts General Hospital, and the Forsythe Dental Infirmary, one of the finest institutions of its kind in the country. From Boston the group proceeded to New York City, making a short stop at Newport, R. I. Chicago, Cleveland, Baltimore and Washington were among the other cities included in the itinerary which was designed with special reference to the types of nursing, child welfare work and hospitals conducted in these centers. In New York, for example, Teachers College, the Headquarters of the three National Nursing Organizations, the municipal hospitals, and the various institutions for the care of the tuberculous were visited. Chicago's visit featured such well known institutions as the Presbyterian Hospital, the Illinois Training School, the Cook County, the Mercy, the Lying-in, the Children's Memorial and Evanston Hospitals. They were entertained by the Visiting Nurse Association and by the Infant Welfare Society. The civic health centers were special objects of interest in Cleveland, as were the various institutions of Pittsburgh, while in Baltimore interest centered in the Johns Hopkins School of Nursing. In Washington they were the guests of National Headquarters, and among other institutions, visited Walter Reed Hospital, the Naval Hospital and the Dispensary maintained in connection with the United States Public Health Nursing Service, thus gaining an insight into the types of institutions conducted by Governmental departments, with special reference to the methods of nursing employed.

While the members of the Italian Group have had no nurse's education, they were active during the war in support of nursing soldiers and the care of soldiers' families in their own country. They are now interested in perpetuating the special clinics organized by the American Red Cross and are keenly alive to the necessity of creating and directing public opinion in their own land in the interest of schools of nursing. *For in every land the establishment of the modern*

school of nursing is the sine qua non in the successful working out of health problems. Without the influence and support of schools of nursing, and the trained personnel which they graduate, the most carefully evolved plans for ameliorating the ills of mankind must ever be inadequate. Behind every problem of disease, ignorance, and destitution, is the human factor. And the graduate nurse, trained from the earliest days of her novitiate in human values, the relation between physical unfitness and industrial capacity, and above all the need of maintaining every confidence reposed in her, as she performs the intimate duties of her profession, as inviolate as the confessional, is *per excellence* the instrument for perfecting that great branch of human service somewhat vaguely classified as "social betterment."

Something of these sentiments have been repeatedly expressed by the Italian study group as they visited our great hospitals and schools of nursing, and they have taken back to their native land, as a result of this survey, a new understanding of the needs of their own people and a clarifying sense of the importance of preparing a nursing personnel to meet these needs through the early establishment of schools of nursing.

THE FIFTH RED CROSS ROLL CALL

The Fifth Annual Roll Call of the American Red Cross will be held from November 11 to 24.

Every member of the enrolled Red Cross Nursing Service is expected also to be a member of the American Red Cross at large, and in view of this fact our nursing personnel will doubtless be interested to know what use will be made of the dollar memberships pledged in the annual Roll Call.

This year, even more conspicuously than last, the disabled ex-service men and their families will be the beneficiaries of the Red Cross funds. In this department of our work, alone, approximately \$10,000,000 was spent during the twelve months just completed. Out of the 3,402 active chapters of the organization 2,397 are still maintaining an organized service for the disabled men. The Government, through the Bureau of War Risk Insurance, now known as the Veterans' Bureau, has asked the Red Cross to assist, together with the American Legion, in a complete canvass of the country with a view to locating every disabled man in order that he may learn of his rights and privileges and be put in the way of receiving them.

It cannot be too emphatically or too frequently stated that this same plan of assistance is open to every ex-service woman as well as to every ex-service man. The disabled nurse, quite as sacredly as the disabled soldier, is the obligation of the nation. Every disabled nurse

who served with the Army or Navy is entitled to this type of service and it is hoped that all nurses who have been physically disqualified since the war will not fail to bring forward their claims, even at this late date. Promptness in establishing such claims is an ill-important factor in procuring compensation, as the longer the delay in bringing forward proofs of disability incurred in the service, the more difficult becomes the matter of an equitable adjustment.

It has been very difficult to get any figures on the number of disabled nurses, but the Red Cross hopes to be able to canvass its enrollment as a step toward obtaining accurate information and as a means of assisting those nurses who have not established their claims or applied for relief.

OUR FOREIGN PROGRAMME

IN Europe the American Red Cross programme is centering upon child welfare, expressed by such service as will tend to the prevention of disease and the decrease of mortality among children. This will be accomplished by efforts to improve pre-natal care, health supervision over expectant and nursing mothers and young children; early treatment of minor ailments of infants and children; instruction to mothers and girls in infant feeding, child hygiene, and the home care of sick children; assistance to local health authorities in the education of children and the public in the principles of child health and in the education of children, and the general public in the principles of child welfare; distribution of layettes and clothing to infants and young children through local organizations.

For practical purposes the above programme is to be developed by assisting various countries or communities in the establishment of one or more of the following child health activities or in the actual establishment of such activities in selected cases. Moreover, the closest coöperation will be maintained in all cases and countries with the American Relief Administration. One of the most cumulatively valuable contributions to this programme consists in the establishment of schools of nurse training under American Red Cross sponsorship and supervision. Four such schools are already in active operation, at Prague, Czecho Slovakia; at Warsaw and Posen, Poland; and in Constantinople.

The School of Nursing at Prague, after a year's operation with a staff of five especially qualified American Red Cross nurses has, in spite of many discouragements, advanced to a position of permanency and importance in the health educational scheme of that country. The Polish schools of nursing are being directed by American Red Cross nurses, and the ground is being thoroughly prepared for future work

when their graduates shall be ready to carry on the health programme themselves. The School of Nursing at Constantinople, under the guidance and direction of Red Cross nurses, is also developing and has the support and coöperation of local groups. By the establishment of these schools of nursing the elevation of the nursing standards of these European countries seems assured, and a means perpetuated of creating in each such country a sufficient graduate nursing personnel.

Child health stations, visiting nurses, health education and instruction, and health demonstrations will be the media by which this programme will be made effective. A limited amount of food will be distributed when required for therapeutic reasons. Layettes and, in certain cases, a limited supply of clothing for older children will be distributed, preferably through other than Red Cross agencies.

In every instance one of the first essentials to be observed in carrying out this European programme will be the securing of thorough coöperation of local and national authorities, local and child health organizations. Next in importance will be the plan of so arranging the various activities that so far as practicable the temporary health measures will be taken over by local personnel and supported by agencies arising in the country served so that present results may be anticipated.

Such hospital supplies as are at present on hand in Europe will be distributed, as far as practicable, to children's hospitals.

TOO LATE FOR CLASSIFICATION

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for the registration of nurses, on Tuesday, November 29. Applications are to be in not later than Monday, November 14. Apply to Margaret Hutchinson, Secretary and Treasurer, 1337 K. Street, N. W., Washington, D. C.

Georgia: THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold an examination October 12 and 13, in Atlanta, Macon, Augusta and Savannah, Ga. Jean Harrell, Secretary, 110 Luckie Street, Atlanta.

Indiana: THE INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold the second semi-annual examination for nurses, November 16-17, 1921. In November the first examination for trained attendants, as provided for in Section 5 of the new Nurse Act of 1921 will be given by the Board, November 18. These examinations will be held in the House of Representatives in the State House, Indianapolis, Ind. Ida J. McCaslin, Secretary, Lebanon.

Mississippi: The tenth annual meeting of the Mississippi State Association of Graduate Nurses will be held in Hattiesburg, October 28 and 29. All members are urged to be present. Let this meeting be the largest and best in the history of the Association.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

AUSTRALIAN EVENTS

RATHER unusual things are happening in Australian nursing affairs, though the causes of the things are very familiar and are everywhere the same. Working conditions, especially in private duty, are alienating many trained women from their old profession. The competition of the untrained women is menacing; hospitals and the medical profession give little support to the skilled nurses; economic conditions are unfair; and the women with the modern viewpoint and the new spirit recognize the necessity of uniting the economic motive with the older educational purpose. The existing National societies have striven to advance the latter, but have neglected the former purpose. A "Trained Nurses' Guild" has therefore been formed, and it intends to admit hospital pupils into membership, its distinct aim being to improve the economic life of nurses under the protection of the Labor Laws and Arbitration court,—aids far more advanced than anything we have in this country. The Guild is similar to the Professional Union of Trained Nurses in England.

The extraordinary thing about it is that the Royal Victorian Trained Nurses' Association has taken an attitude of hostility to the Guild and has actually enforced the resignation of a nurse active in the Guild, though she had also been one of the founders of the Royal Victorian Trained Nurses' Association. We surmise that this clash has come about through the influence of medical members, who, to the continued surprise of nurses all over the world, are still elected to the executive positions of Australian societies *except* the Guild, which is to be self-governed. It is this influence too, which prevents Australia from entering the International Council. For a long time we tried to believe that, as Australian women had the ballot, nurses and doctors might work together in nursing associations without medical domination, but we deceived ourselves, and are going to do so no longer. We sympathize with the Guild, and if it can grow to national dimensions and remains a self-controlled body of nurses it may be admitted to the International.

The affair seems more strange that, in every other country, the National Association has the economic basis as one of the chief aims and objects. Thus, the Professional Union of Nurses in Belgium, whence a friendly letter has just come, besides advancing the educational ideal, intends to bring about the eight-hour day and other

improved working conditions. The Belgian nurses have also established a very pleasant club, with library, tea rooms, restaurant, dressing and rest rooms.

ALL our sympathies are called forth by the news of our little Korean sisters. Miss Battles' (one of Miss Maxwell's graduates) report for 1920 has just reached us from the Severance Hospital in Seoul. From it we cut these lines:

While the independence movement was at its height our nurses felt they must also take an active part in showing the world their desire for freedom of their country, and unknown to us slipped out on the street and shouted with the others, "Long live Korea." Nine of our nurses were arrested, four were let out after three days, and five received sentences. A few weeks before their six months of imprisonment was finished, on the day of the Korean Prince's wedding, when the Government released hundreds of prisoners throughout the country, four of our girls were set free.

Miss Esteb spent considerable time, throughout the year, with nurses who were arrested, going with them to give moral support when they were called to the court house, visiting the nurses in prison, seeing that they had food and clothing, and sending in such books as the officials would allow. Our nurses returned from prison with their faces and hands scarred as the result of frost-bites obtained in the unheated prisons during an unusually cold winter. They were able also to tell tales of torture and discomforts. They were weak and nervous and covered with itch after their long confinement.

A terrible item also reached us of the sentence given to an Irish nurse patriot, who because of her Republican sympathies, was condemned to ten years' penal servitude by the English. For our part we earnestly desire full independence for every invaded and oppressed country, not forgetting Haiti and Santo Domingo, the motes in our own eyes.

Mademoiselle Matter writes from France that she and her co-workers have taken a small house in Lille where they intend to begin on a modest scale, to develop a hospital and training school. Miss Matter is a French "Nightingale" of the Bordeaux school, and a Teachers College student. Miss Nutting has just lately seen her in Paris.

TOO LATE FOR CLASSIFICATION

New York: THE NEW YORK ORGANIZATION FOR PUBLIC HEALTH NURSING will hold its annual meeting in Utica on October 25 and 26. This organization will meet in joint session, Tuesday evening, October 25, with the New York State League of Nursing Education and the New York State Nurses' Association. A very interesting and instructive programme has been arranged for the general meeting on Wednesday, October 26.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its annual convention in York, November 8-10. An outline of the programme will appear in the November JOURNAL.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR

National Organization for Public Health Nursing

THE INDUSTRIAL NURSE AS SAFETY DIRECTOR

BY VIRGINIA L. MONTGOMERY, R.N.

INDUSTRY is made for the development, not the crippling, of man. Industrial managers and nurses surrounded with accident statistics, realize perhaps more keenly than others, what an expensive proposition the accident is. Expensive not only in cold cash, but in human suffering and misery, which in many cases might be avoided. Organized accident prevention is therefore not only a moral duty, but a humanitarian demand on the part of the employer of labor. It calls for the best efforts of a broad minded, big hearted individual whose sole interests are unselfish, and who holds himself responsible to one high authority;—humanity at large. Owing to the versatile character of her training, her experience with the problems peculiar to industry, and her extensive knowledge of human nature, the industrial nurse is particularly well qualified to perform the duties and obligations of Safety Director. She may occupy a responsible position in industry, in that she interprets to the injured employee the policy of the company. She forms a connection between labor and the employer of labor. Her efforts will largely affect the question of morale,—and morale, the plant spirit of coöperation and good will, is the spirit of industry. She promotes safety, sanitation, hygiene, welfare and good cheer. She comes into closer contact with the employee than his big brother, the foreman, and often eliminates friction between them by impartial judgment. It is this quality which makes her respected as Safety Director.

The pendulum of caution may swing from one extreme to the other. It is for her to strike the happy medium. Once appointed, she should select a group of intelligent, wide awake men to serve on a general committee. Among them should be at least one technically trained man to act as Safety Engineer with a general knowledge of machines and safeguards. A committee of two should also be chosen to investigate the cause of accidents as soon as the nurse has secured a history of the case. Intelligent follow-up work can then be obtained.

The nurse need have little mechanical knowledge in order to distinguish an emery wheel from a circular saw, but she comes into contact with the accidents peculiar to both, and with equal enthusiasm

attacks the evil from two sources. She directs her committee to safeguard the hazard, and spreads safety propaganda by a few tactful suggestions while dressing the injuries. She can then easily impress the necessity of more careful operation on the part of the workman while he is in that receptive, philosophical mood that so often follows an accident, and prove to be a valued educator. Statistics have proved over 70 per cent of all accidents to be the direct result of personal carelessness, and not the lack of guards on the part of the employer. It is clear that the nurse Safety Director in the role of educator becomes a force to attack carelessness in its own habitat. She may also supervise the bulletin boards, and may post attractive safety data, accident records and the like. She should possess a general knowledge of advertising in order to make the boards attract attention. She may direct "No accident" campaigns, and supervise the training of first aid crews, arranging departmental demonstrations as they become proficient. She may award prizes, all with the idea of reducing the accident record and spreading safety.

Finding an individual repeatedly making trips to the first aid rooms, her careful investigation may unearth a physical ailment which, remedied by the medical resources of the plant, will result in a total elimination of the hazard, and an increased feeling of good will toward the employer. The benefit to all is not measured in dollars and cents, but in something more lasting, more vital.

Safety work is the keynote to a new industrial era. An era in which the employer and the employee share equally in responsibility. An era in which accidents will play a minor, and production a major part. The nurse Safety Director has and will become one of the most vital parts of the new organism. Her sphere of usefulness has broadened immeasurably and her efforts will be crowned with the highest success. Prevention is ever nobler than cure.

THE FLORENCE NIGHTINGALE PLAY COMPETITION

Among the efforts to commemorate the Florence Nightingale Centennial, one of the most interesting was the Florence Nightingale Play Competition, sponsored by the National Organization for Public Health Nursing, with a prize of \$500.00 for the best play of three or four acts based on the life of Florence Nightingale, offered by the Central Council for Nursing Education.

A Committee of Four was appointed to judge the plays—Mrs. Minnie Maddern Fiske, Lillian Wald, Marylka Modjeska (now Mrs. Sidney Pattison), granddaughter of the well-remembered Madame Modjeska, and Alice Beer of the producing staff of the Neighborhood

Playhouse in New York. The Committee has finally submitted its report. Twenty-eight plays from many sources and states were sent in. Two plays were finally selected. The prize was awarded to Harold Newcomb Hillebrand, Department of English, University of Illinois. Honorable mention was given to Mrs. Harry Fielding Reid, Baltimore, Maryland.

It is hoped that the winning plays may some day be produced and give dramatic expression to the life of the great woman whose services to the world grow more apparent with the years.

REPORTS OF NATIONAL PUBLIC HEALTH LEGISLATION

It will be of interest to readers of the JOURNAL to know that the National Health Council, made up of the following members: American Public Health Association, American Red Cross, American Social Hygiene Association, Conference of State and Provincial Health Authorities of North America, Council on Health and Public Instruction of the American Medical Association, National Child Health Council, National Committee for Mental Hygiene, National Organization for Public Health Nursing, and National Tuberculosis Association, issues Bi-weekly Reports on National Health Legislation. These summaries list and abstract all new health legislation, and report progress on bills. They were intended originally for members of the Council. They are now, however, available at the cost of twenty cents a copy. It is hoped when Congress meets in December that printed reports (instead of mimeographed) may be prepared at a subscription price. Copies of current numbers can be had from the Washington office of the National Health Council, 411 Eighteenth Street, Washington, D. C. A limited supply of back numbers is also available.

A really fascinating booklet, the Canadian Mother's Book, has just reached the JOURNAL's desk. We have seen few health pamphlets written in more attractive style or so comprehensive in subject matter. It is published by the Division of Child Welfare of the Dominion of Canada's Department of Health, Ottawa. Accompanying it are the five diet folders of the Child Welfare Section of the Canadian Public Health Association which combine, in compact form, diet lists with height and weight charts for the age groups from infancy to adolescence.

Mansfield and Richland Counties, Ohio, have been selected by the National Health Council for a five year demonstration of what a typical American community can do to increase the health and strength of the next generation. County and state officers, business men, physicians, and citizens generally have promised the heartiest coöperation.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

THE HOSPITAL DIETITIAN

“WHY is it that we never find a dietitian over nineteen years of age?” This was the troubled query of the conscientious superintendent of one of our hospitals. “We are told that we should not expect experienced heads on young shoulders, but where are the experienced heads in sufficient numbers to teach our students and supervise our dietary departments?” It may be that the preparation for dietetics gives a halo that leads speedily to matrimony; judging from the experience of some of us this conclusion may carry more or less conviction, for we know it is not entirely a question of salary, as practically all hospitals pay the dietitian a salary equal to that of the supervisors and teachers of the other departments. Indeed some of them receive salaries equal to those paid to the principals in some schools of nursing.

Unless a young woman has had definite experience in her own home, dealing with servants and assisting with the routine supervision of a well ordered household, the instruction in a school of domestic science will fall as far short of preparing her for the direction of a dietary department as the instruction in a school of nursing would prepare her for direction of a school of nursing. Both positions call for added instruction and experience which can be gained through special courses given during the senior year, by postgraduate executive courses given in hospitals and by acting as assistant to experienced executives. I can see no reason why schools of domestic science and hospitals cannot affiliate and give the student dietitian an opportunity for practice work in the hospital and the student nurse an opportunity for specialized work in nutrition. This would save students much time and effort and would enable both the college and the hospital to do more effective teaching. It would be of great assistance to the hospitals and enable the nurses who elect the field of Public Health to be better prepared for teaching along nutritional lines and would be of even greater value to dietitians.

So many hospitals have had their dietary departments disorganized by the ineffectual attempts at administration by youthful and inexperienced dietitians, that it seems high time that something more effectual was done to meet the situation than the attempts made by a few of our hospitals to offer postgraduate courses to prepare

dietitians for administrative work. Although these courses are a step in the right direction, most of them are far from satisfactory and there is little uniformity in their courses. There is no good reason for this as all these courses are outlined and taught by graduate dietitians who by coöperation could effect very desirable uniformity.

Administration of the dietary department in a hospital calls for the knowledge, experience and judgment necessary (a) to outline the menus and diets for each of the hospital departments; (b) to economically purchase all food supplies; (c) for the supervision of their storage and distribution; (d) for the supervision of the preparation of all foods served to patients, students and employees; (e) to teach student nurses and dietitians, to supervise their practice work, and (f) for the management of the work of the employees in the kitchen and serving pantries to the end that these departments may be kept as immaculately clean and well ordered as the remainder of the hospital.

In the matter of arranging menus, it is certainly less trouble to prepare a menu for a week and then repeat it regularly week after week until everybody knows what to expect on Monday, Tuesday, and on each succeeding day of the week, but it does not call for much imagination, and the reason for so much criticism of hospital food is not always lack of good food materials, but lack of imagination on the part of the heads of dietary departments. If common sense is used, it will not cost any more to serve an attractive diet with occasional treats and surprises than to mechanically serve the same food week after week.

Elimination of waste will make for economy. This should be determined by inspection of the trays returned from patients and by inspection of the garbage cans from the dining rooms. There is no question but that some unpopular foods would be highly nutritional if they were eaten, but if it is found that very few patients will eat a farina pudding surrounded by whatever fruit juice may be on hand, it is surely no economy to serve it. However uninteresting food may be or how little of it eaten, it must be paid for just as the more eagerly sought foods are and no matter how nutritional a food may be, nobody gets the advantage of its nutritional value unless it is eaten. Insufficient attention seems to be given to varying special diets. I have rarely found that even the same attention is given to arranging for variation of special diets as would be routine with house diets. Why should not the diabetic or nephritic patient have at least as much consideration in the variation of his diet as those patients on "house diet"?

To economically purchase food supplies calls for knowledge of

local distribution as well as the means of transportation to bring food stuffs in quantities from a distance and judgment of quantities to contract for. If unusual food supplies are to be requisitioned, it is only intelligent to consult the superintendent before purchasing them, as in this way repetition of errors of judgment on the part of previous administrators of the department may be obviated, and the superintendent will be spared the surprise of finding in storage considerable supplies of such foods as preparation for strawberry custard, colored jellies and other variegated foods that nobody will eat except under protest. It does not reflect credit upon the head of the dietary department to over purchase tinned supplies and in this way make it essential to use them in season when fresh fruits and vegetables are available and cheaper. There are few of us who would not prefer almost any kind of a fresh vegetable to those that have been tinned.

In the service of food to patients, the dietitian will find that the supervising and student nurses will be of very considerable assistance to her, but she must personally supervise the service in the other dining rooms. This can easily be done by rotating supervision and she will find that it will give her much more command of her department. If she makes a practice of going to her own meals at the time that first meals are being served instead of waiting until she is sure that everything is running smoothly, she will have cause to regret it.

In teaching student nurses, it seems that the practice work would be of much greater value if more attention could be given to simplicity and seasoning. Most patients prefer a salad of lettuce hearts with a good French dressing to a little orange skin basket filled with more or less complicated mixtures. If chicken is to be creamed, it should be palatably done and not covered with an uninteresting substance called "white sauce." This substance appears to be ubiquitous to diet kitchens and is not often found elsewhere.

It takes skillful generalship to get the interest and coöperation of employees so that they will take pride in their work to the end that it will be well done and that the order and cleanliness of the dietary department shall be no exception to that of the other departments in the hospital. A director of a domestic science department in talking of the possibilities of certain students said to me not long ago, "Miss X hasn't the ability that would make her a success as a teacher, but perhaps she may be developed as a hospital dietitian." This lack of appreciation of the work of the administrator of a hospital dietary department may give us a clue to the solution of some of the difficulties in our present situation.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

THE UTILIZATION OF FICTION IN THE TRAINING OF THE NURSE

Dear Editor: An interesting article by Agnes S. Ward, R.N., on "What We Owe to the Student Nurse," prompts me to set forth an opinion concerning an acknowledged weakness in the training of the average nurse, remedying which might also assist in a more desirable kind of publicity for the nursing profession, with a resultant much needed increase in recruits to our ranks.

Let me say distinctly at the outset that I do not speak as an authority on the training of nurses. I have not one qualification as such according to modern standards, but in fourteen years of postgraduate work, it has fallen to me on several occasions to "hold down" classes of student nurses, during periods of shortage or illness of instructors, and being unhampered by any traditions but my own, I was free to experiment and make observations on the methods which yielded me the richest results calculable in the interest of my students, and the incorporation of what they had learned in class into their daily work. It has been often a matter of amazement and regret to me, to peruse the class work of nurses under successive teachers and not find in any of it one single individualized note of either pupil or instructor—each lesson word for word from year to year.

For reason of conformity to State requirements, I had to adhere to certain subjects, but in their presentation the angle most applicable to needs and individuals was aimed at. Miss Ward speaks of the success which attended the lectures on "How to Dress." I used this idea largely in a course of lessons on Hygiene, meeting with great enthusiasm. But of all the classes with my students the one most fertile in its yield of mutual understanding, was an hour a week devoted by common consent to a discussion of current fiction (generally magazine) and the "movies" of the week at the local theatres.

Is it not true that it is primarily through the imagination that every nurse is recruited, and is not that the great appeal in our campaign?

The average instructor is satisfied to judge her student by the way she makes a bed or takes down a lecture, although it has been well proven that neither performance is an index that she is possessed of the essential qualities of a nurse, but once find a common ground calling for comprehension and expression, and a pretty accurate estimate of possibilities and limitations can be arrived at.

To anyone who doubts the enlightening value of the experiment, let her call for an opinion from a class of say twenty students, on a social problem as set forth by Theda Bara or Geraldine Farrar on the screen, or discuss the best short story of the month. We may exact and instill perfect uniformity in class room work, but instruct as you will, the girl who prefers Theda Bara and the Cosmopolitan, will neither attract nor take hold of life in the same exemplary manner as a devotee of the Symphony Orchestra and Mrs. Humphrey Ward, and it is folly to ignore these mental signposts.

The overwhelming significance of being literally pitched into an environment producing a tremendous emotional stimulation is frequently overlooked by those responsible for young nurses. Past the impressionable age themselves, they forget what it is like to be at the mercy of awakened emotions with no safety valve but microscopes and text books. I have heard women experienced in the work say that they had found morning prayers the only stabilizing influence needed in the school—I do not question, but I congratulate. In my experience I

have found nothing at all that was infallible in maintaining morale, but I unhesitatingly affirm that the nearest I have come to promoting confidence and frankness, was in the wholesome discussion of human situations as set forth in fiction.

Another advantage to be gained from recognizing the value of literary or dramatic topics, would be the removal of the objection held by so many, that "nurses can not talk of anything but their work." Perhaps we would even eliminate that age-old contention of parents, that they would never let their daughters enter training because "nurses grow so hard." I think it is because human relations are reduced to text book terms, sex is pathology, life and death mean obstetrics and the morgue.

Encourage the nurses to offset the mental encroachment of the class room by taking their instruction hand in hand with the best that is presented in the field of fiction. And for those who do not prefer the best, see that they are supplied with the best of the type they prefer. And above all, keep alive an interest in the domestic side of things, so that the classes about to graduate are attracted for a time at least, to the field of private duty. So shall we be represented in the home by those who are full of the enthusiasm of their school and who will act as our most powerful factor in presenting the worth of our calling in this environment, upon which, after all, we are dependent for our supply.

To quote Dr. Pfeiffer, "the profession of nursing must be relieved of its handicaps as compared with the other occupations." One of its handicaps has been a training inadequate to the demands of the student, that has been practically overcome or is safe to be so. The second is the other extreme—a training in which the imagination is sacrificed and as Sister Domitilla so truly says, "the theory is not related to the student's actual problems." Broaden Social Service with "Limehouse Nights," and vitalize Psychology a little with Conan Doyle—or John Barrymore's superb presentation of Dr. Jekyll on the screen. If the class or instructor is minus an interest in these things, it is the most illuminating fact of all, and God help them.

Cincinnati, O.

AGNES JAMES, R.N.

ONE MONTH FROM HIS WEDDING

Dear Editor: In a desperate case of duodenal ulcer, the patient was stricken with bowel hemorrhage, 5:30 a. m., June 2, and recovered sufficient strength to walk about his room June 28, and to be married July 21! The hemorrhage of June second was one quart of blood. The medication, neutralon every four hours. Nourishment was Nestle's Food and lentil soup, every three hours. Five other hemorrhages followed June third, fourth, fifth, sixth, and seventh. Strong tea enemas, six ounces, were given every six hours. On June eighth there was no hemorrhage, and on June ninth the patient was decidedly stronger. June thirteenth nourishment was increased and there was digested defecation. On June sixteenth, as the patient was facing slow recovery, blood transfusion was administered, 500 c.c. by the citrate method. Slow reaction continued through thirty-four hours, the pulse being strong, averaging 56 to 58. On June twentieth full diet was restored, and two days later the patient sat up for ten minutes. On June twenty-sixth he was dressed and walked about his room, after which improvement increased amazingly, and the marriage, a long postponement of which had seemed probable but a short time before, was solemnized on July second.

New York

G. M.

JOURNALS ON HAND

Mrs. M. S. Elliott, R. R. 5, Box 19, Ann Arbor, Mich. Copies from 1902 to 1920, inclusive, upon prepayment of transportation.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

State Association officers are asked to make sure that no dues are accepted through district or alumnae associations for non-resident members. The by-laws of the American Nurses' Association require that only active members (resident) shall be carried as members of state associations and through them of the American Nurses' Association. The only exceptions made to this rule are in the case of nurses on government or missionary service outside the United States and those in Government service within the United States whose stay in one place is so uncertain that they can be counted only through their alumnae associations.

The present treasurer of the American Nurses' Association wishes to announce that she can not be a candidate for reelection in 1922.

NURSES' RELIEF FUND

One state chairman reports that money has been raised in her state by means of candy sales. Another writes: "I have just finished making a card index for state contributors. We began, January, 1917, so it has become somewhat bulky. I have also a ledger into which I put each month's contribution from each district and also the yearly totals, so now I can tell at a glance just what each district is doing. * * * Only one district in the state made no contribution last year, and they are coming." (This energetic chairman is a private duty nurse!)

The treasurer wishes it announced that though each contribution is carefully noted with the name of the sender, it is no longer possible to publish names of individuals in the JOURNAL. Contributions will be credited to states and, when possible, to districts. Will the person who sent \$291.50 directly to the bank in New York, communicate with the treasurer, as she has no way of knowing the contributor?

A nurse has recently died who, for a long time, made a brave but losing fight against tuberculosis. For two years she had been helped by the Relief Fund and during the extreme heat of the past summer she wrote that the monthly check made it possible for her to have the comfort of an electric fan and also that she felt "so independent" because she could purchase her medicines. Every dollar given to this fund helps some such person, one of our own workers.

REPORT FOR AUGUST, 1921

Receipts

| | |
|---|-------------|
| Previously acknowledged | \$ 5,566.80 |
| Interest on R. R. bonds | 45.00 |
| California: Dist. 1, \$27; Dist. 9, \$14; Dist. 12, \$8; collection at state meeting, \$110 | 159.00 |
| District of Columbia: Graduate Nurses' Association | 16.00 |
| Florida: State Association, \$89.50; one individual, \$5 | 64.50 |
| Illinois: State Association, \$5; Hahnemann Hospital Alumnae, Chicago, \$146; one individual, \$1 | 152.00 |
| Iowa: Dist. 3, \$36 | 36.00 |
| Kentucky: State Association | 70.00 |
| Maine: State Association, \$188.68; Eastern District, \$135.00; one individual, \$5 | 328.77 |

| | |
|---|--------|
| Massachusetts: State Association | 127.07 |
| Michigan: District 3, \$180; District 13, \$25; one individual, \$1 | 206.00 |
| New Hampshire: Nashua, St. Joseph's Alumnae, \$15; St. Joseph's under-graduates, \$10 | 25.00 |
| New York: District 1, \$40; Dist. 4, \$384; Dist. 6, \$15; Dist. 7, \$10; Dist. 9, \$82; Dist. 10, \$6; Dist. 13, \$99; exchange, 10c | 586.10 |
| Ohio: District 3, \$3; Dist. 8, \$30; Dist. 11, \$12 | 45.00 |
| Pennsylvania: Philadelphia, Woman's Hospital Alumnae, \$5.50; York, York Hospital and Dispensary Alumnae, \$10 | 15.50 |
| Rhode Island: State Association | 50.50 |
| South Carolina: District 3, \$43.05 | 43.05 |
| Unknown (Deposited in Farmers Loan & Trust Co.) | 291.50 |

\$7,827.79

' In honor of Linda Richards' birthday.

' In honor of Saphia F. Palmer's birthday.

Disbursements

| | |
|-----------------------------|----------|
| Paid to 20 applicants | \$295.00 |
| Exchange on checks | .55 |
| Money order returned | 17.50 |

313.05

\$ 7,514.74

Invested funds, par value 41,050.00

Total, September 1, 1921 \$48,564.74

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the cheques made payable to the Farmers Loan and Trust Company. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York.

M. LOUISE TWISS, Treasurer.

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received up to September 15, 1921)

| | |
|--------------------------------------|-------------|
| Previously acknowledged | \$50,992.10 |
| Helen Scott Hay, Paris, France | 50.00 |

\$51,042.10

A copy of the charter of the Florence Nightingale School has recently been received by Miss Noyes, president of the American Nurses' Association. This charter gives the designation and purpose of the school, an outline of its course of study, which is to be completed under the direction of the school itself and in the services of the establishment, and its provision for examinations and annual reports. Arrangement is made for a Consultative Committee to act as a Board of Advisers, this committee to be chosen by the joint committee of the "three great associations of American nurses." Graduates are prepared for both general nursing and visiting nursing. Students are given moral as well as mental

preparation for their work. They have an eight-hour day. A certain number of scholarships are offered, but students not receiving these are required to pay tuition.

THE AMERICAN RED CROSS will hold a national convention in Columbus, Ohio, October 4-8. The conferences of special interest to nurses will be: October 5, morning, Home Hygiene and Care of the Sick; October 5, morning, Health Service; October 6, morning, Red Cross Services; October 6, noon, Luncheon reunion of ex-service and other nurses; October 6, 3 p. m., Red Cross Service Overseas; October 6, 8 p. m., Public Health Nursing; October 7, 8 p. m., Pageant.

THE AMERICAN DIETETIC ASSOCIATION will hold its annual meeting in Chicago, October 24-26.

THE AMERICAN CHILD HYGIENE ASSOCIATION will hold its twelfth annual meeting in New Haven, Conn., November 2-5.

ARMY NURSE CORPS

In August, 1921, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: to Staten Hospital, Aberdeen Proving Ground, Md., 2nd Lieutenants Ruth R. Brown, Lena M. Mizelle, Catherine Wolfe, and 1st Lieutenant Mary J. Cassell; to the Attending Surgeon's Office, Omaha, Nebraska, 1st Lieut. Kate M. Kemper; to Station Hospital, Fort Banks, Mass., 2nd Lieutenants Agnes G. Roughan and Kathryn L. Ruhan; to William Beaumont General Hospital, Fort Bliss, Texas, 2nd Lieutenants Sara J. Early and Anna M. Grassmyer; to Station Hospital, Camp Benning, Ga., 2nd Lieutenants Rose C. Charvat, Margaret Coffman, Fidelia E. Barber, Minnie M. Black, Ada B. Bush, and Elizabeth Michener; to Station Hospital, Carlstrom Field, Fla., 1st Lieut. Ida E. German; to Station Hospital, Camp Dix, N. J., 2nd Lieut. Alila F. Bachan; to Fitzsimons General Hospital, Denver, Colo., 1st Lieutenants Victoria Anderson, Jessie M. Sarver, and Alice M. Tappan; 2nd Lieutenants Ruth E. Metcalf, Marguerite Boardman, Anna E. Coffey, Mildred E. Lachman, Grace A. Love, Lona O. Nelson, Mary E. Armstrong, Isabel H. Armstrong, Kathryn R. Jones, Grace Newcomer, Ella Norris, Elizabeth Boda, Ruth R. Stadler, Karen E. Beck, Margaret Gattas, Mary L. Tooker, and Esther Craney; to the Hawaiian Department, 2nd Lieutenants Margaret McM. Bell and Frances M. Poole; to Station Hospital, Camp Knox, Ky., 2nd Lieutenants Nell Burke, Della A. Killeen, and Mary E. Ray; to Station Hospital, Fort Leavenworth, Kas., 2nd Lieut. Johanna Gorman; to Disciplinary Barracks, Fort Leavenworth, Kas., 1st Lieut. Edna M. Beyrer; to Letterman General Hospital, San Francisco, Calif., 1st Lieutenants Mary C. Beecroft, Florence Blanchfield, and Agnes F. James; 2nd Lieutenants Theresa A. Wilson, Lucy R. Taylor, Anna M. Connelly, Alida J. Garrison, Maude M. McKinney, Harriet M. Whitney, Viva B. Brickley, Ida W. Danielson, Anna Claypoole, Lena C. Schmitt, Mary J. Mahoney, Madolin E. Milheim; to Station Hospital, Camp Lewis, Wash., 1st Lieutenants Kathryn M. Morgan and Callie D. Woodley, and 2nd Lieut. Celena A. M. Finnegan; to Station Hospital, Fort McPherson, Ga., 2nd Lieut. Daisy E. Kinsland; to Station Hospital, Mitchel Field, Long Island, N. Y., 2nd Lieut. Josephine Harris; to Station Hospital, Nogales, Ariz., 1st Lieut. Samantha C. Plummer; to Station Hospital, Fort Oglethorpe, Ga., 2nd Lieut. Alice G. Griffin; to the Philippine Department, 1st Lieut. Reba G. Cameron and 2nd Lieutenants Ruth C. Anderson, Margaret J. Bakken, Alma Halferty, Edna E. Kingston, Anna E. Montgomery, Elsie G. Rhodes, Alle Salzman, Maidie E. Tilley, Catherine E.

Wick, Clara W. Woodruff; to Station Hospital, Fort Riley, Kas., 2nd Lieut. Elizabeth M. Aldridge; to Station Hospital, Fort Sam Houston, Texas, 1st Lieutenants Amelia I. Goodine and Alice A. Rowe; 2nd Lieutenants Pauline Denbaugh, Maude L. Dally, Lena Gast, Elsie E. Schneider, Vera Pearce, Agnes C. Lynch, Elsie Schwaible, Kathleen V. Corcoran; to Station Hospital, Fort Sheridan, Ill., 2nd Lieutenants Mary A. Liberty and Edith C. Thorsen; to Station Hospital, Fort Sill, Okla., 2nd Lieutenants Lillian A. Small, Jeanette E. Lathrop, Pruella H. Dreddy, Alice H. Gallagher; to Station Hospital, Fort Totten, N. Y., 1st Lieut. Mary F. McLaughlin, and 2nd Lieutenants Margaret MacNichol, Minerva O'Neale, and Alma T. Skoog; to Walter Reed General Hospital, Takoma Park, D. C., 1st Lieutenants Emmeline Cleeland, Grace E. Hill, Angeline L. Staples, and Etta E. Robbins; 2nd Lieutenants Martha Cain, Edna L. Caloly, Catherine Lynch, Frances Mullane, Mary I. Shirley, Margaret Singleton, Margaret F. Staples, Lucy V. Thompson, Mary M. Bertrand, Ida T. Elrod, Lulu M. Hess, Theresa McDermott, Paula E. Matfeldt, Mary A. Muldoon, Stella Terrell, Catherine M. Underdown, Lillie Harrison, Julia B. Sherman, Christine M. Kennelly, Mary A. Campbell, Julia M. Lincoln, Nellie Butcher, Grace H. Fowler, Emma Hornberger, Winifred N. Rose, Bertha L. Stoll, Marie C. J. Stuart, Frances E. Thomas, Clara G. Washington, Margaret A. Wilson, Eva S. Chapline, Mary L. Schappert, Elizabeth Treuholtz, Mary T. Manser, Blanche B. Patrick, Jennie E. Barrett, A. Marie Olsen, Margaret E. Taylor; to Station Hospital, West Point, N. Y., 2nd Lieut. Bessie E. V. Kell.

Second Lieut. Florence R. Nance has been appointed into the Army Nurse Corps and assigned to duty at Station Hospital, Fort Sam Houston, Texas; 2nd Lieut. Cecelia A. Finnerty, at Walter Reed Hospital, has been transferred from the reserve to the regular corps.

Orders have been issued for the separation from the service of the following: 1st Lieutenants Edyth M. Gill, Anna V. Hughes, Jenny L. Row, and Anjeannette Wager; 2nd Lieutenants Ethel M. Adams, Helen A. Boyle, Isabel M. Boulton, Margaret E. Brown, Jane F. Brown, Grace Burkhalter, Avis E. Chapman, Nettie E. Clark, Ethel J. Cole, Vera I. Corbin, Flora E. Darling, Mary Davis, Josephine A. Diette, Bada C. Erickson, Hyacinth H. Fox, Kittle L. Gordanier, Hilda M. Gustafson, Mary Guilfoyle, Florence L. Gamaway, Jane M. Gallagher, Caroline Glickley, Elizabeth Isenberg, Frances C. Jardine, Kathryn E. Klopp, Julia McAuliff, Adeline McCabe, Grace McCullough, Matilda McCurdy, Muriel R. B. Mader, Maude H. Miller, Katherine E. Nugent, Anna O'Hara, Emma M. Olson, Evelyn M. Quint, Florence D. Robinson, Zoe Sparks, Harriet P. Small, Caroline C. Soderlund, Emma Stewart, Ora C. Sullivan, Magdalen Suttinger, Flossie Stout, Beatrice A. Thompson, Mary C. Tighe, Anna O. Touvinen, Margaret VanCott, Pearl Van Winkle, Mosella Vestal, Anna E. Walsh, and Alice A. Ward.

JULIA C. STIMMON,
Major, Superintendent, Army Nurse Corps;
and Dean, Army School of Nursing.

NAVY NURSE CORPS

Appointments.—To Portsmouth, Va., Margaret M. Aughivan, from St. Louis, Mo.; to Newport, R. I., Margaret A. Duncan, Chestertown, Md.; to League Island, Pa., Charlotte E. Millett, Vineland, N. J., Ella M. Rothermel, Kutztown, Pa.

Transfers.—To Quantico, Va., Pearla W. Hoyle, from Washington Dis-

penary, Alleen M. Templeton, Charleston, S. C. To League Island, Pa., Teresa E. Wilkins (Chief Nurse), Pearl Harbor, T. H. To Chelsea, Mass., Frances C. Bonner, League Island, Pa.; Bessie M. Gaynor, New York Navy Yard Dispensary; Ethel C. Kastrup, San Diego, Calif.; Helen C. Phelan, Navy Sup. Depot, N. Y. To Fort Lyon, Colo., Adelaide R. Cobb, Mare Island, Calif.; Mary R. Woods and Cora L. Werthington, New Orleans, La. To New York, N. Y., Julia T. Coonan, Mare Island, Calif.; Evelyn May Davis, New Orleans, La.; Honora Drew, Pensacola, Fla.; Mary M. Heck and Minnie B. Irwin, Portsmouth, Va.; Mary M. Ritter, Mare Island, Calif.; Maude A. Woolf, Portsmouth, Va. To Puget Sound, Wash., Nera A. Reardon, Portsmouth, Va. To Mare Island, Calif., Louise A. Bennett (Chief Nurse), Portsmouth, Va.; Lela B. Coleman, Sue S. Dauser (Chief Nurse), and Lois M. Harkness, San Diego, Calif.; Viola M. Visel, Great Lakes, Ill. To Great Lakes, Ill., Violet S. Gass (Chief Nurse), Parris Island, S. C.; Ethel M. Redden, Washington, D. C.; Rebecca A. Welch, Fort Lyon, Colo. To San Diego, Calif., Sara M. Cox (Chief Nurse), Washington, D. C.; Eleanor D. Kowalewska and Mandy C. Melcum, Puget Sound, Wash.; Annie A. Wayland (Chief Nurse), New Orleans, La. To Pearl Harbor, T. H., Elizabeth M. Hewitt (Chief Nurse), Yokohama, Japan. To Annapolis, Md., Florence M. Field, U. S. S. *Relief*; Bertha R. Marsan, Washington, D. C. To Parris Island, S. C., Mary L. Moore, Pensacola, Fla. To Charleston, S. C., Rebecca A. Welch, Fort Lyon, Colo. To U. S. S. *Relief*, Blanche Brown (Chief Nurse), Washington, D. C. To New York Navy Yard Dispensary, Anna I. Cole (Chief Nurse), Newport, R. I.

The following nurse has been appointed *Chief Nurse U.S.N.*: Anna I. Cole, August 22, 1921, Newport, R. I.

LENAN S. HIGHER,

Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

(Report for August, 1921)

Appointment.—Marion Echternach, Chief Nurse, Fort Thomas.

Transfers.—Agnes Dunn, Chief Nurse, Fort Thomas, to Chicago, No. 30; Nona Charles, Chief Nurse, Chicago, No. 30, to Maywood, No. 76; Nan Sullivan, Chief Nurse, Chicago, No. 5, to Chicago, No. 73; Bessie Warwick, Assistant Chief Nurse, Augusta, to Chief Nurse, Atlanta; Mable Alexander, Chief Nurse, Atlanta, to Kansas City; Helen Smith, Chief Nurse, Kansas City, to San Francisco; Charlotte Macallister, Chicago, No. 30, to Chief Nurse, Detroit; Erma Haas, to Assistant Chief Nurse, St. Louis; Helen Hayes, Assistant Chief Nurse, Kansas City, to Maywood, No. 76; Mary Sewall, to Assistant Chief Nurse, St. Paul; Janet Kippen, to Assistant Chief Nurse, Minneapolis.

The following Chief, Head and Staff Nurses are under orders to Oteen, September 6, to take a month's intensive course in tuberculosis under Miss Stewart of the Tuberculosis Association: Chief Nurses, Margaret Reamy, Elizabeth Sewell, Catherine Crew, E. Elise Evers, Frances Ryan, Anna Nielson, Erma Morrison, Maude Murray, Leah Arnold, Ruth Carter, Katherine Hicks, Sue Rubincan, Minnie Parker, Gertrude Patterson, Gertrude Vail.

Helen Hill, an ex-Army nurse, died recently at Garfield Hospital, Washington, D. C. She had resigned as Chief Nurse from U. S. Marine Hospital, Evansville, Ind., on account of ill health. The sympathy of the Public Health Service is extended to Miss Hill's relatives and friends.

LUCY MINNICHMOSE,

Superintendent of Nurses, U. S. P. H. S.

THE UNITED STATES PUBLIC HEALTH SERVICE announces a series of institutes to be held in the following places, according to the tentative schedule of dates:

| | | | |
|--------------------|----------------|---------------------------|-------------|
| *Hot Springs | October | Minneapolis | Mar. 20-25 |
| Jacksonville | Nov. or Dec. | Los Angeles | ? |
| New Orleans | Jan. 9-14 | San Francisco | ? |
| Columbia | Jan. 9-14 | Portland, Oregon | Apr. 10-15 |
| Dallas | Jan. 16-21 | Kansas City, Kansas | Apr. 10-15 |
| Birmingham | Jan. 16-21 | Spokane | Apr. 17-22 |
| Memphis | Jan. 23-28 | Newark | Apr. 17-22 |
| Louisville | Jan. 30-Feb. 4 | Helena | Apr. 24-29 |
| Indianapolis | Feb. 13-18 | Albany | Apr. 24-29 |
| Pittsburgh | Feb. 20-25 | Denver | May |
| Lansing | Mar. 6-11 | A New England City | May 1-6 |
| *Chicago | Mar. 13-16 | Washington | Late in May |

* The Hot Springs, Ark., and Chicago institutes will deal only with problems of venereal disease control.

Inquiries should be addressed to the U. S. Public Health Service, 16 Seventh Street, S. W., Washington, D. C.

Alabama.—THE ALABAMA STATE BOARD OF NURSE EXAMINERS will hold an examination for the registration of nurses in Birmingham, October 24 and 25; in Montgomery, October 26 and 27; in Mobile, October 28 and 29. Application may be procured from the secretary-treasurer, Helen MacLean, 2430 N. 11th Avenue, Birmingham. All applications and credentials must be filed with the secretary-treasurer at least fifteen days prior to the date set for the examination.

Arizona.—THE ARIZONA STATE NURSES' ASSOCIATION will hold its annual meeting at Tucson, October 20-21.

Arkansas.—THE ARKANSAS STATE NURSES' ASSOCIATION will hold its annual meeting at Helena, October 18-20.

Colorado.—THE COLORADO STATE NURSES' ASSOCIATION will hold its annual meeting at Fort Collins, October 6.

Connecticut.—The item regarding recruiting of students in this state as published in the September JOURNAL was not quite accurate. Marion B. Dibblee was acting as executive secretary for two Red Cross districts: New Haven and Middlesex, in the interests of the student nurse recruiting campaign, for two months.

Georgia.—At a recent meeting of the Georgia legislature, two clauses amending the Nurse Practice Act were passed, providing for the increase of the fee from five to ten dollars and for reciprocity on the basis of standards of the school of nursing from which the applicant comes and registration in the state in which she was graduated.

Illinois.—THE ILLINOIS STATE NURSES' ASSOCIATION will hold its annual meeting in Quincy, October 20-21. **Chicago.**—Anna L. Tittman, who for the past two months has been assisting Minnie H. Ahrens, Central Division, American Red Cross, is taking a course at Columbia University in Public Health Nursing. **District 13, Springfield.**—Alice E. Dalbey, who has been secretary of the Jacksonville Local Committee of the American Red Cross for the past eight years, has resigned, to the regret of all. Her successor is Isabelle Lawrence, 108 North Glenwood Avenue, Springfield. Both these nurses took the Public Health course at Western Reserve University this past summer, also three others from Springfield; two from Jacksonville; two from Decatur; one each from Taylorville,

Waverly and Lawrenceville. Lena Boswell took Dr. Emerson's Nutrition Course in Chicago.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Indianapolis, October 5-7. Indianapolis.—INDIANA UNIVERSITY TRAINING SCHOOL, Robert W. Long Hospital, graduated a class of twenty-two on June 5; of this number five received degrees from the University, and one received second honors in state examinations. THE W. B. FLETCHER SANATORIUM graduated a class of six on August 18. The address was given by Dr. Herbert T. Wagner. Dr. Urbana Spink administered the Florence Nightingale pledge. The commencement exercises were followed by a dance and reception. One member of this class received the highest honors on the state examination. The Indianapolis City Hospital Alumnae Association cleared \$10 at a box social held at the hospital September 12; \$5 of this amount is to be contributed to the fund being raised by the State Association for a gift for Col. Russel B. Harrison, as a token of appreciation for his efforts in behalf of the nurses' bill in the last legislature. The next meeting will be held at the home of Mrs. Larue D. Carter, 945 Middle Drive, Woodruff Place. Mrs. Charles H. Augustine, class of '98, will address the meeting on Parliamentary Law and Grace M. Fellows, a student nurse, will read a paper on "My Experiences at the Public Health Teaching Center. All City Hospital nurses are urged to be present. Esther Chamberlain has been appointed floor supervisor at the City Hospital. Maude Weaver resigned as superintendent of the Hamilton County Hospital and has accepted a position as superintendent of the Sullivan County Hospital. Mary Favorite resigned as supervisor at the Methodist Hospital and is now superintendent of the Fayette Memorial Hospital, Connersville. Nellmae Wilson will do private duty nursing in Colorado Springs, and Emma F. Ealey, in California.

Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES will hold its seventeenth annual meeting in Iowa City, November 2-4. A Red Cross conference will be held on October 31. Iowa City.—A six weeks' summer school for public health nurses was held at the University of Iowa. THE UNIVERSITY HOSPITAL has a modern nurses' home, accommodating one hundred students, opened on October 1st. The new Psychopathic Hospital, opened on the same date, will give experience in mental nursing. Miss Belyea of Butler Hospital, Providence, R. I., will have charge of the nursing. Lois B. Corder, operating room nurse, resigned in June to become assistant superintendent of a hospital at Butte, Montana. Adeline Perry, instructor, has resigned to be married and will be succeeded by Beulah Crawford, graduate of the Army School of Nursing. Irene Orr, graduate of the University of Michigan School of Nursing, will be instructor in Practical Nursing. Ottumwa.—DISTRICT No. 2 held its regular meeting on September 24. Harriët Vittum of Northwestern University gave an address on Nurse-Woman-Citizen. Burlington.—Fay Curran has accepted the position of supervisor of nursing at the Burlington Hospital. Oskaloosa.—Blanche Culbertson and June Norris, graduates of Jefferson County School of Nursing, Fairfield, have accepted the positions of superintendent and assistant superintendent of the Mahaska County Hospital. Mt. Pleasant.—Helen Stoddard, graduate of St. Luke's Hospital, Cedar Rapids, has assumed her duties as superintendent of the new hospital for Henry County. Cedar Rapids.—Carrie Catlin has returned to Cleveland to complete the course in Public Health Nursing at Western Reserve University. Carrie Campbell attended the Summer Course in School Nursing at Omaha, and has been assigned to County work under the Red Cross in Winnebago County. Lou Armour Van Wagner is in Public Health work in Ohio.

Kansas: Topeka.—DISTRICT No. 1 held its annual meeting on September 13 at the Chamber of Commerce, when the following addresses were given: The Kingdom of Evil, Karl Menninger, M.D.; Safety First, Earl G. Brown, M.D.; Nursing in Orthopedic Surgery, W. M. Mills, M.D.; Nursing in Mental Diseases, M. L. Perry, M.D.; The Efficient Nurse, W. C. McDonough, M.D.; Correlation of Medical and Nursing Associations, A. K. Owen, M.D.; House Bill No. 697, Tom Harley. A luncheon was held at noon, followed by a business meeting, with reports and a question box. The programme, a simple four-page leaflet, contains all needed information about this association,—officers, committees, programme, notices, and a full membership list. (In the July JOURNAL, this association was wrongly credited with Wichita as headquarters.)

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examination in Louisville, November 15-16, 1921, for the purpose of registering graduate nurses. All necessary information may be obtained from the secretary, Flora E. Keen, 115 N. Main Street, Somerset, Ky.

Maine: THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration on Wednesday and Thursday, October 19 and 20, 1921, beginning at 9 a. m., at the State House, Augusta.

Massachusetts: Boston.—Mary Beard, for some years Director of the Instructive District Nursing Association, has given up her work and is sailing October 1st for Italy, France, and England, where she will observe the public health nursing work. She will probably take some lectures in England. **Springfield.**—THE SPRINGFIELD HOSPITAL NURSES' ALUMNAE ASSOCIATION held its second annual lawn party, September 7, on the lawn at the nurses' home, the proceeds amounting to \$253. **Northampton.**—THE COOLEY-DICKINSON HOSPITAL SCHOOL OF NURSING has twenty-eight students, with a probation class of six, and vacancies for six more. The recently appointed instructor is Helen Rafferty, graduate of Mount Holyoke College and of the Hartford Hospital School of Nursing.

Michigan: The new law for state registration reads as follows:

REGISTRATION OF NURSES AND TRAINED ATTENDANTS

Act 319, Public Acts 1909, as amended by Act 87, Laws 1913, and Act 180, Laws 1921.

An Act to provide for the examination, regulation, licensing, and registration of nurses and trained attendants and for the punishment of offenders against this act.

SECTION 1. The Governor shall appoint, by and with the advice of the Senate, four residents, either male or female, three of whom shall be registered nurses and one of whom shall be a registered physician of this State, who shall, with the State Health Commissioner, constitute the Michigan Board of Registration of Nurses and Trained Attendants. Such appointees shall be chosen from actual residents of this State and, except the registered physician, from nurses who have graduated from an accredited training school and who have had five years' experience in nursing. In the event that the appointment of a successor is not made upon the expiration of the term of any member, such member of said board shall hold office until such successor is duly appointed. The Governor shall fill vacancies occasioned by death or otherwise and may remove any member for the continued neglect of duties required by this act. Vacancies in said board

shall be filled in accordance with this act for the establishment of the original board, and persons appointed to fill vacancies shall hold office during the unexpired portion of the term for which their predecessors were appointed. The present members of the Michigan Board of Registration of Nurses shall serve as members of the Michigan Board of Registration of Nurses and Trained Attendants for the remainder of the terms for which they were appointed. Two qualified persons shall be appointed to hold office from the first day of August, nineteen hundred twenty-one, till the first day of January, nineteen hundred twenty-five, and two qualified persons shall be appointed to hold office from the first day of August, nineteen hundred twenty-four, till the first day of January, nineteen hundred twenty-seven. Thereafter the Governor shall appoint at the expiration of each term of office two qualified persons to hold office for four years from the first day of January of every odd year.

Sac. 2. Within thirty days after the regular appointments have been made by the Governor, the members of said board shall meet at Lansing, and shall elect a president, vice-president, and secretary from their own number, each of whom shall hold his or her respective office for two years. This board shall make rules for the examination, regulation, licensing, and registration of nurses and trained attendants not inconsistent with this act, and shall adopt a seal of which the secretary shall have the care and custody. The secretary shall keep a record of all proceedings of the board, including a register of the names and addresses of all nurses and trained attendants duly registered under this act, which shall be open at all reasonable times to public scrutiny. No less than three members shall constitute a quorum of said board for the transaction of business. Said board shall hold one regular meeting in each year, and such additional meetings at such times and places as it may determine. Notices of said meetings shall be published in two newspapers of general circulation in the State and in one nursing journal, at least thirty days previous to such meeting. The secretary shall give to the State Treasurer a bond in the penal sum of one thousand dollars, with one or more sureties, to be approved by the Governor for the faithful discharge of his or her duties.

Sac. 3. On and after the first day of December, nineteen hundred twenty-one, all men and women practicing as registered nurses or trained attendants and all others who may wish to begin such practice in the State shall make application to said board to be registered under one of the following conditions:

First, Persons who have received a certificate of registration from the Michigan Board of Registration of Nurses prior to that date shall be given a new certificate of registration, for which a fee of one dollar shall be charged.

Second, An applicant may be registered and give a certificate of registration as a registered nurse who shall present a certified copy of or a certificate of registration or a license as a registered nurse from another state of the Union or from a foreign country where the requirements for registration shall be deemed by the Michigan Board of Registration of Nurses and Trained Attendants to be equivalent to those of this act, upon payment of the fee of fifteen dollars.

Third, The board shall admit to examination for registration as a registered nurse any candidate who pays the fee of fifteen dollars and submits satisfactory evidence, verified by oath if required, that he or she is twenty-one years of age, is of good moral character, has had a preliminary education as hereinafter indicated, and possesses a diploma showing graduation from a course of at least two years given by a training school for nurses which has been approved by the Michigan Board of Registration of Nurses and Trained Attendants. Before Jan-

uary first, nineteen hundred twenty-three, each candidate for examination must have had a preliminary education of not less than one year of high school, or its equivalent, unless the candidate was regularly enrolled in an accredited training school for nurses December first, nineteen hundred twenty-one. After January first, nineteen hundred twenty-three, each candidate for examination must have had a preliminary education of not less than two years of high school, or its equivalent. If the candidate passes the examination, a certificate of registration to practice as a registered nurse shall be issued.

Fourth, The board shall admit to examination for registration as trained attendant any candidate who pays the fee of seven dollars and fifty cents and submits satisfactory evidence, verified by oath if required, that he or she is at least twenty years of age, is of good moral character, has had a preliminary education of at least completion of the eighth grade in the grammar school, or its equivalent, and possesses a certificate showing graduation from a course of at least nine months' training, at least six of which was in practical work, given by a school, association, hospital, or sanitarium approved by the Michigan Board of Registration of Nurses and Trained Attendants. If the candidate passes the examination, a certificate of registration to practice as a trained attendant shall be issued.

Fifth, The board may issue a certificate of registration to practice as a trained attendant, provided application is made before the first day of January, nineteen hundred twenty-three, to any person who pays the fee of seven dollars and fifty cents, submits satisfactory evidence that he or she is more than eighteen years of age, is of good moral character, has had two years' experience in the care of the sick prior to the passage of this act, and whose qualifications to practice as a trained attendant are certified to by three physicians who have personal knowledge of the applicant's qualifications.

Sixth, In cases of emergency, the necessity for which shall be determined by the Board, temporary certificates of registration may be issued, for which a fee of one dollar shall be charged.

Sac. 4. Every applicant for registration as a registered nurse under this act shall pay a fee of fifteen dollars upon filing his or her application, except as provided in the first and sixth conditions of section three. Before beginning to practice, every registered nurse shall cause a copy of his or her certificate to be filed with the county clerk in the county in which the said applicant resides, and with an affidavit of his or her identity as the person to whom the same was issued and his or her place of residence. The county clerk shall charge a fee of fifty cents for such registration. He or she shall be prepared to show his or her certificate of registration whenever requested. During the month of December in each year every registered nurse shall renew his or her certificate for the coming year with the Michigan Board of Registration of Nurses and Trained Attendants, for which certificate a fee of one dollar shall be charged. The board may grant a renewal after January first, for reasons which are satisfactory to it. The board shall furnish to each county clerk during the first week in January in each year a list of the nurses from that county who have renewed their certificate of registration.

Every applicant for registration as a trained attendant under this act shall pay a fee of seven dollars and fifty cents upon filing his or her application. Before beginning to practice, every trained attendant shall cause a copy of his or her certificate to be filed with the local board of health where he or she resides, with an affidavit of his or her identity as the person to whom the same was issued

and of his or her place of residence. The local board of health shall charge a fee of fifty cents for such registration. He or she shall show his or her certificate of registration whenever requested. During the month of December in each year every trained attendant shall renew his or her certificate for the coming year with the Michigan Board of Registration of Nurses and Trained Attendants for which certificate, a fee of one dollar shall be charged. The board may grant renewals after January first for reasons which are satisfactory to it. The board shall furnish to each local board of health during the first week of January in each year a list of the trained attendants for that district who have renewed their certificate of registration.

Sac. 5. It shall be the duty of the Secretary of said board to file with the Secretary of State at least quarterly a list of all certificates of registration issued by said board, with the names and residences of the persons to whom such certificates have been issued.

Sac. 6. All moneys received by said board shall be paid to the State Treasurer in accordance with the provisions of law and State regulation. The compensation of all members of the board shall be at the rate of five dollars a day, together with all legitimate expenses and the same shall be paid for each day actually engaged in attending meetings of said board including official duties in connection with the examinations. The secretary shall receive extra compensation at the rate of one hundred dollars per annum, payable quarterly. Bills for all expenses incurred by the board, including such clerical help as shall be needed, shall be approved by said board and sent to the Auditor General of the State for payment under the provisions of law and State regulations.

Sac. 7. Any person who shall have complied with the provisions of this act and received a certificate of registration to practice as a trained, certified, or registered nurse shall be styled and known as a "Registered Nurse and shall be entitled to append the letters "R.N." to his or her name. Nothing contained in this paragraph shall be considered as conferring any authority to practice medicine or to undertake treatment or cure of disease. Any person who shall have complied with the provisions of this act and received a certificate of registration to practice as a trained attendant shall be styled and known as a "trained attendant" and shall be entitled to append the letters "T.A." to his or her name. Nothing contained in this paragraph shall be considered as conferring any authority to practice nursing as a registered nurse, or to practice medicine or to undertake treatment or cure of disease.

Sac. 8. The Michigan board of Registration of Nurses and Trained Attendants is hereby authorized to appoint and employ a registered nurse who has had not less than five years' experience in nursing since graduation, three years of which have been spent as superintendent of a training school approved by said board, to act as a visitor and inspector of training schools for nurses, to the end that the rules and regulations adopted by said board may be promoted and upheld throughout the State. Such visitor and inspector shall act under the direction of said board. The compensation of such visitor and inspector shall be determined by said board and shall be paid in the manner in which other expenses are paid.

Sac. 9. Any person who shall, after the passage of this act, practice as a trained, certified or registered nurse or as a trained attendant without first complying with all the provisions of this act, or who shall continue to practice without renewing his or her certificate of registration, or who shall continue to practice after his or her certificate of registration shall have been revoked, shall

be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than two hundred dollars or by imprisonment in the county jail for a period of not more than ninety days, or by both such fine and imprisonment, for each offense.

SEC. 10. Whenever a person who is not the holder of a certificate of registration issued by this board shall append the letters "R.N." or use any other letters, figures, words, or signs to indicate that he or she is a trained, certified, or registered nurse, it shall be prima facie evidence of practicing as a registered nurse within the meaning of this act. Unless otherwise provided in this act the term registered nurse is defined as one who has been authorized by the State to nurse or minister to the sick or those afflicted with any human ailment, defect, or complaint, whether of physical or mental origin, by attendance or advice or by the use of any therapeutic agent, under the supervision and direction of a registered physician. Whenever any person who is not the holder of a certificate of registration issued by this board shall append the letters "T.A." or use any other letters, figures, words, or signs to indicate that he or she is a trained attendant, it shall be prima facie evidence of practicing as a trained attendant within the meaning of this act. Unless otherwise provided in this act the term trained attendant is defined as one who has been authorized by the State to care for the sick in ways not requiring professional skill and experience, under the supervision and direction of a registered physician or indirectly as an assistant to a registered nurse.

SEC. 11. This act shall not apply to gratuitous nursing of, or caring for the sick by friends or members of the family, nor to any person nursing or caring for the sick for hire as a practical nurse but who shall not in any way assume to practice as a trained, certified, graduate or registered nurse or trained attendant. It shall not be construed to interfere in any way with any religious communities having charge of hospitals or with those who care for the sick in their own homes.

SEC. 12. Said board shall have the power to revoke any certificate of registration issued by said board in accordance with the provisions of this act and for the following causes: Gross incompetency, violations of the provisions of this act, dishonesty, habitual intemperance, or any act derogatory to the morals or standing of those engaged in nursing or attending the sick, as may be determined by the board: Provided, That said revocation shall only be made upon specific charges in writing, under oath, filed with the secretary, and by a majority vote of the whole board, a certified copy of said charges and thirty days' notice of the hearing of the same having been personally served upon the holders of such certificates. Said board shall be authorized to furnish a list of the names and addresses of those whose certificates have been revoked to the board of examiners of other states, upon written request of said board.

This act is ordered to take immediate effect.

SEC. 13. All acts or parts of acts contravening the provisions of this act are hereby repealed.

Minnesota: THE MINNESOTA STATE NURSES' ASSOCIATION will hold its annual meeting in Duluth, October 13-14.

Mississippi: THE MISSISSIPPI STATE NURSES' ASSOCIATION will hold its annual meeting in Hattiesburg during the last week of October.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS announces the appointment of Harriet L. P. Friend as secretary and educational director, to succeed Sara E. Parsons, who undertook the work temporarily. THE MISSOURI

STATE NURSES' ASSOCIATION will hold its annual meeting in St. Louis, October 10-12.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION will hold its annual meeting in Lincoln, October 11-12, at the Lincoln Hotel.

New Jersey: The next examination for the certificate of registered nurse will be held November 18, 1921, Friday, 9:30 a. m., in the State House, Trenton, N. J. Applications must be filed with the secretary-treasurer at least fifteen days prior to date of examination. For further information apply to Elizabeth J. Higbid, Secretary-Treasurer, 302 McFadden Building, Hackensack.

New York: THE NEW YORK STATE LEAGUE OF NURSING EDUCATION will hold its annual meeting in Utica, at the Hotel Utica, on Tuesday, October 25. The morning will be occupied with business and reports. In the afternoon there will be papers on The Small Hospital and the Teaching Problem, by Adda Eldredge; Protection of the Health of the Student Nurse, Ward C. Crampton, M.D., and a question box conducted by Amy M. Hilliard. In the evening a joint session of the three state organizations will be held, at which addresses will be made by S. Lillian Clayton and Ella Phillips Crandall. THE NEW YORK STATE NURSES' ASSOCIATION will meet in the same place, October 25, (evening), 26 and 27. The morning session of the 26th will be largely given to business and reports, with two papers: Practical Ethics, Jessica Heal; Responsibilities of Hospital Boards to Schools of Nursing, Amy M. Hilliard. In the afternoon there will be round tables conducted by Elizabeth A. Greener and Emma E. Jones, with the subjects: Elimination of Routine Work for the Student Nurse, and Cooperation of School of Nursing in Meeting Private Duty Problems. A drive will follow this session and in the evening a reception and dinner. On the 27th, Morning Session, the subjects are: A Practical Scheme for Training Attendants, Mary A. Ryan; Advertising Schools of Nursing (Round table), Edna W. Gorton; A Practical Plan for Centralizing Schools of Nursing, Annie W. Goodrich. In the afternoon: Diet in Disease, David W. Houston, Jr., M.D.; Methods of Accounting for Breakage, (Round Table), Gladys M. Berry; Responsibilities of Alumnae Associations for Ethics of the Profession, Jessie M. Murdoch; Supervision in a Changing Age, Mary M. Roberts. Hotels recommended are: Hotel Utica, Hotel Martin, Hotel Albert. THE STATE DEPARTMENT OF HEALTH held an institute for public health nurses in Syracuse, August 29-September 10, consisting of both lectures and field work. Of a staff of 28 lecturers, three were nurses: Katherine Hatch, Syracuse; Mathilde Kuhlman, State Department of Health; Louise Sherwood, Syracuse. District 2, Rochester.—Hazel M. Jennings is one of the instructors at the Rochester General Hospital. Myra W. Cloudman, who has been instructor for the Public Health Nursing Association, has resigned her position. The Community Chest has not made sufficient appropriation to carry on the educational work of the Association,—a great disappointment to all interested in the fine and unique plan which had been carried on since the association was started. District 4, Syracuse.—Mrs. Gwendoline Pocock, who has been at the Hospital of the Good Shepherd for several years, has been sent as a missionary nurse to St. Luke's Hospital, Ponce, Porto Rico. The name of the Syracuse Homeopathic Hospital has been changed to the General Hospital of Syracuse. M. J. McCall, class of 1914, Memorial Hospital, has been appointed assistant superintendent of nurses and will assist in the teaching. District 7, Utica.—District 7, at its annual meeting, September 8th, elected the following officers: President, Jessie Broadhurst, Oneida; secretary, Emily Hicks, Utica; treasurer, Emma Woodman, Utica. Faxton Hospital graduates are reported as

follows: Hazel Godfrey and Margaret Hazlett have recently been registered as health teachers in the public schools of Utica. Marion Davis has accepted the position as health teacher in the first district of Oneida County, with headquarters in Utica. Helen Condon has recently accepted a position as district nurse in Mt. Vernon, N. Y. District 10, Schoenectady.—Mrs. Edward L. Clark is leaving for Shanghai, China, where Mr. Clark is sent on business. Mrs. Clark was Eleanor Fowle, Massachusetts General Hospital. District 13, New York.—THE MANHATTAN LOCAL COMMITTEE ON RED CROSS NURSING SERVICE, at a recent meeting held at New York County Chapter Headquarters passed resolutions expressing appreciation of the service of Elisabeth Burns on behalf of humanity; of her work along lines of social improvement; of her constant holding before the nursing profession high ethical ideals. The committee gave special recognition of her helpfulness as a member of the Committee, especially during the period of the late war, when the work was heavy and exacting, during which time her judicial mind, energetic spirit, and indefatigable action were invaluable.

Ohio: Columbus.—MR. CARMEL HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises in the Chapel, on September 15, for seventeen graduates. The Right Rev. J. J. Hartley, D.D., Bishop of Columbus, awarded the diplomas. A reception and dance followed the exercises. Toledo.—Anna K. Vogler, after spending a year in California, has returned to Toledo and is superintendent of Flower Hospital.

Oregon: All county and school nurses in Oregon are wearing state uniforms this fall. Caroline Wallace of St. Luke's Hospital, Chicago, and Mayme Peterson, of Lutheran Hospital, La Crosse, Wis., are taking up county public health nursing. Portland.—THE VISITING NURSE ASSOCIATION opened its second Well Baby Clinic with an attendance of nearly 70 babies during the first month. Freda Becker, who has been with the Visiting Nurse Association for five years, plans to enter the U. S. Public Health Service.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA will hold its annual meeting, November 8-11, at York. Philadelphia.—Lois M. Ford, graduate of St. Timothy's Hospital, Roxborough, has gone to Liberia as a missionary nurse. Pockville.—THE MID-VALLEY HOSPITAL held graduating exercises on September 7 for a class of four. The exercises were followed by a reception and dance for the nurses.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the Capitol, November 17 and 18. For application blanks and information, address Lucy C. Ayers, Secretary-Treasurer, Woonsocket Hospital, Woonsocket. The Rhode Island law of 1912 was amended, January, 1920, as follows:

Section 5 of Chapter 805 of the Public Laws, passed at the January Session, 1912, is hereby amended by the following addition:

Provided, that the board, upon application therefor, in writing, may in its discretion, issue a certificate of registration, without the requirement of examination, to any person registered in another state, which, in the opinion of the board, has substantially like requirements for registration as this state.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION will hold its annual meeting at Nashville, October 24 and 25, with a meeting of the Directors on October 23.

Virginia: Richmond.—Nannie J. Minor, formerly with the Instructive Visiting Nurses' Association, has been appointed State Supervising Nurse for the State Board of Health.

West Virginia: THE WEST VIRGINIA STATE NURSES' ASSOCIATION held its fifteenth annual meeting in the Assembly Room of the Chancellor Hotel, Parkersburg, September 1 and 2. At the opening session, the address of welcome was given by William Kennedy, president of the Chamber of Commerce, because of the illness of the Mayor. He gave the members a hearty welcome to the city and hoped the next convention would be held there. In the absence of Mrs. Lounsbury, the response was made by the president, Susan Cook of Wheeling. Mrs. Cook then gave the president's address, making it very plain that a great many young nurses are coming into our midst to grow up with our association, who bring with them the vim and ardor of young womanhood, who could make active and efficient members. By analogy the membership of the association is the most important part of the organization, as it is the West Virginia State Nurses' Association. Reports of the secretary-treasurer by Mrs. Bullard, of the Board of Examiners, by Mrs. Cook, of District 1, by its secretary, W. Louise Koehert, and of District 2, by Mrs. Bullard were read and approved. At the close of the morning session a delightful luncheon was served by the City Hospital Board, in the Assembly Room of the Chancellor Hotel. At the afternoon session, after the appointment of the Nominating Committee, a very interesting paper on Care of Contagious Diseases of the Eyes was read by Delphia Dearman, Parkersburg. Mrs. R. J. Bullard, State Chairman, American Red Cross Nursing Activities, talked on The Opportunity to Enroll as a Red Cross Nurse. The balance of the afternoon was given over to the Private Duty Sections and Nellie Cleary, Parkersburg, secretary of Private Duty Section, District No. 1, gave the first report. Florence McAfee, Parkersburg, chose for her subject, Eight Hour Duty in Hospitals. This brought about much discussion. George Rowell, Executive Secretary, West Virginia State Tuberculosis Association, Charleston, then gave a very interesting talk on Tuberculosis. He spoke of the great need of nurses for this branch of the work. The question as to what protection the registered nurse can have from the practical nurse, was then lengthily discussed, and it was found that the doctors were quite willing to assist the registered nurses in this matter. Mrs. Cook then spoke of the importance of every hospital having an Alumnae Association. It was learned that one had been organized this year, and three others were in formation. Doctor Roy B. Miller, Parkersburg, followed with an address and spoke in part of the shortage of nurses, and hoped that more young women would soon take up the profession. The Nominating Committee then made its report, and after nominations were closed, the meeting adjourned to meet at eight o'clock in the evening. The Sisters of St. Joseph entertained with a delightful dinner at the St. Joseph Hospital, after which the members were conducted through the hospital. The evening session was given over to the Superintendents, and was called to order by Mrs. Cook. After the nomination of chairman and secretary for the coming year, the benefits of having a standard curriculum was discussed, and it was decided to call a one-day session of all superintendents to more thoroughly discuss the matter. Further topics of discussion were: A Proper Home for the Pupil Nurse, What Should the Ideal Home Be? Red Cross Nursing Service Badge, Student Government, Scarcity of Private Duty Nurses, Eight-Hour Day in Small Hospitals, Should All Hospitals Have the Same Text Books? and How Many Hospitals in the State Have Organized Alumnae Associations? all of which were well discussed. Friday, September 2, 10:00 a. m., began with a Public Health Session. In the absence of the president of this section, Mrs. Cook, president, called the meeting to order, and after invocation by Rev. G. I. Wilson, Parkersburg, Mr. Rowell,

executive secretary, State Tuberculosis Association, further addressed the meeting on Tuberculosis. Dr. Wise of Parkersburg followed with a short address. A paper of the work as carried on in Wellsburg and Follansbee, written by Letitia Sanders, Follansbee, was read by Mrs. Bullard. The Nominating Committee for this branch was then appointed. Millie P. Skull of Weston gave a very splendid talk on the work that has been accomplished in Lewis County. Dr. Thomas Harris, Parkersburg, next talked on The Obligation that the Graduate Nurse Owes to the Undergraduate Nurse. This was well delivered and gave much food for thought. Dr. H. E. Gaynor, Parkersburg, followed with an address on The Physician and the Hospital, and was also well delivered, and brought out many interesting points. A paper on Industrial Nursing, by Gertrude Clouser, Chester, was read by Mrs. Bullard. Miss Clouser had sent some pictures of existing conditions before and after anything had been accomplished, thus making her paper quite interesting. A paper, Work Done by the Associated Charities of Wheeling, was read by W. Louise Kochert, its visiting nurse. Agnes Fraser, Parkersburg, gave a short talk on The Training of the Public Health Nurse. This completed the morning session. The afternoon session was devoted to round tables, of the different sections. At the conclusion of the round tables, an anonymous letter, which also gave much food for thought, was read by Mrs. Bullard. The election of officers followed, and the following were elected for the coming year: President, Mrs. Susan Cook, Wheeling (relected); vice-presidents, Nellie Cleary, Parkersburg, and Sister Adelaide, Charleston; secretary-treasurer, Mrs. R. J. Bullard, Wheeling (relected); directors for one year: Sister Evarista, Beulah Ball, Charleston; Blanche M. Young, Martinsburg. Officers for the Superintendents' Society: President, Margaret Leatham, Fairmont; secretary, Blanche M. Young, Martinsburg. Officers for the Public Health Section: President, Agnes Fraser, Parkersburg; secretary, Luella Ross, Wheeling. Wheeling was chosen as the next place of meeting. Adjourned. After a delightful auto ride through the surrounding country, through the courtesy of the doctors of Parkersburg, the Alumnae Association of the City Hospital and the St. Joseph's Hospital tendered a banquet at the Elks' Club rooms.

WISCONSIN: THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting in Milwaukee, October 4, 5, and 6. **LA CREMA.**—THE LA CREMA TRAINING SCHOOL FOR NURSES held graduating exercises on September 14 for four nurses at the nurses' home. Addresses were given by Rev. Mr. Panzlau and Dr. G. R. Reay. The diplomas were presented by F. P. Hixon.

BIRTHS

On June 23, in Tulsa, Oklahoma, a son, George Leonard, to Mr. and Mrs. Walter E. Stevens. Mrs. Stevens was Bertha Mae Bear, class of 1913, Lutheran Hospital Training School, St. Louis, Mo.

In August, at Oneida, N. Y., a son, to Mr. and Mrs. Tracy Temple. Mrs. Temple is a graduate of the class of 1916, Broad Street Hospital, Oneida, N. Y.

On August 12, a daughter, to Dr. and Mrs. H. J. Burkholder. Mrs. Burkholder was Ruth Sherwood, class of 1916, Hartford Hospital, Hartford, Conn.

On August 12, a son, to Mr. and Mrs. John O'Donnell. Mrs. O'Donnell was Jennie B. Sloan, graduate of Uniontown Hospital, Uniontown, Pa.

On August 12, in Philadelphia, a daughter, Jane Eleanor, to Mr. and Mrs. Henry Howard Silling. Mrs. Silling was Eleanor E. Beisiegel, class of 1915, St. Luke's Hospital, Philadelphia.

On July 19, a daughter, Norma Jean, to Mr. and Mrs. Orville Adams, of Braddock, Pa. Mrs. Adams was Betty Jane Berringer, class of 1919, Braddock General Hospital.

On July 8, a daughter, Jane Celeste, to Rev. and Mrs. P. E. Burt, of Wellsburg, W. Va. Mrs. Burt was Blanche H. Harding, class of 1911, Adrian Hospital, Punxsutawney, Pa.

Recently, a son, to Mr. and Mrs. William Rodway. Mrs. Rodway was Eva Slack, class of 1918, Mid-Valley Hospital, Peckville, Pa.

In June, a daughter, to Mr. and Mrs. Harold Jones. Mrs. Jones was Ivy Nelson, class of 1916, Faxon Hospital, Utica, N. Y.

In July, a son, to Rev. and Mrs. J. W. Chase. Mrs. Chase was Esther Marcroft, class of 1909, St. Luke's Hospital, Cedar Rapids, Iowa.

MARRIAGES

On May 29, in Norristown, Pa., Esther Bridenthal, class of 1918, Harrisburg Hospital, Harrisburg, Pa., to Charles Davis, M.D. Dr. and Mrs. Davis will live in Harrisburg.

On July 8, in Harrisburg, Pa., Blanche I. Feister, class of 1916, Harrisburg Hospital, to John Neas, M.D.

On August 8, in Harrisburg, Pa., Luella M. Davis, class of 1915, Harrisburg Hospital, to Eliwood Oliver. Mr. and Mrs. Oliver will live in Harrisburg.

On June 1, Mathilde S. Staebler, class of 1918, Wesley Memorial Hospital, Atlanta, Ga., to Fred Ordway. Mr. and Mrs. Ordway will live in Kansas City.

On July 21, in Pittsburgh, Pa., Helen Zimmerly, class of 1918, South Side Hospital, Pittsburgh, to Alvin Dresser. Mr. and Mrs. Dresser will live in Pittsburgh.

On July 12, in Pittsburgh, Pa., Regina McKenna, class of 1917, South Side Hospital, Pittsburgh, to Joseph A. Helfrich, M.D. Dr. and Mrs. Helfrich will live in Midland.

On July 6, in Biltmore, N. C., Lellie Hirot, graduate of the Biltmore Hospital, to Frederic Wallworth. Mr. and Mrs. Wallworth will live in Detroit. Mrs. Wallworth is a Red Cross nurse and served overseas.

On September 6, in Asheville, N. C., Arizona Virginia Thomas, class of 1921, Mission Hospital, Asheville, to Joseph H. Mehaffey. Mr. and Mrs. Mehaffey will live in Asheville.

On July 2, in Watertown, N. Y., Hannah M. Bates, graduate of Watertown City Hospital, Watertown, to F. F. Peckham, M.D. Dr. and Mrs. Peckham will live in Evanston, Ill.

On August 7, in Wichita, Kans., S. Blake Gann, class of 1910, Kansas City General Hospital, Kansas City, Mo., to Lea H. Forsha. Mrs. Forsha was employed by the Morris Packing Company, Kansas City, Kansas, before her marriage. Mr. and Mrs. Forsha will live in Kansas City, Mo.

On June 16, Dorothy Adams Hook, class of 1920, Springfield Hospital, Springfield, Mass., to Frank H. Walker. Mr. and Mrs. Walker will live in Windsor, Vt.

On July 22, Evelyn Taylor, graduate of St. Peter's General Hospital, New Brunswick, N. J., to Henry Alvin Hoffman. Dr. and Mrs. Hoffman will live in Plain City, Ohio.

Recently, Grace Vanatta, class of 1916, Kansas City General Hospital, Kansas City, Mo., to Alex Bernard Berg. Mrs. Berg served overseas in Mobile Hospital No. 7, and Evacuation Hospital No. 12. Mr. and Mrs. Berg will live in Los Angeles, Calif.

On May 16, in Winchester, Va., Ella Morrison, class of 1919, Harrisburg Hospital, Harrisburg, Pa., to John Gochenour. Mr. and Mrs. Gochenour will live in Harrisburg.

On August 12, in Spokane, Wash., Barbara Rich, to Floyd Hanson. Mr. and Mrs. Hanson will live in Spokane.

On June 8, in Springfield, Mo., Margaret Keet, class of 1916, Jewish Hospital, St. Louis, to Roy Dritt. Mr. and Mrs. Dritt will live in Springfield, Mo.

On July 22, in Boulder, Colo., Cecil Davis, class of 1917, Jewish Hospital, St. Louis, to W. deV. Lomax. Mr. and Mrs. Lomax will live in Denver.

On August 28, in Oakland, Calif., Blanche J. Williams, class of 1914, Connecticut Training School, New Haven, Conn., to Earl Edgar Brown. Mr. and Mrs. Brown will live in Reno, Nevada.

On June 20, Ruth Shields, class of 1914, St. Vincent's Hospital, Portland, Ore., to Angus M. McMillan. Mr. and Mrs. McMillan will live in Seattle, Wash.

On August 13, Jennie E. Dahl, class of 1913, St. Vincent's Hospital, Portland, Ore., to U. G. Vassall. Mr. and Mrs. Vassall will live in Seattle, Wash.

In May, Beatie Lydia Elwood, class of 1915, St. Luke's Hospital, Cedar Rapids, Iowa, to Selden K. Hall, M.D. Dr. and Mrs. Hall will live in Sharpsburg, Pa. Both were in service overseas.

Recently, Lois Hoebel, class of 1920, St. Luke's Hospital, Cedar Rapids, Iowa, to Abe W. Lincoln. Mr. and Mrs. Lincoln will live in Dysart, Iowa.

On August 21, Ina M. Pfautz, class of 1920, St. Luke's Hospital, Cedar Rapids, Iowa, to Carl T. Cohrt. Mr. and Mrs. Cohrt will live in Grundy, Iowa.

Recently, at Ironwood, Mich., Mary Eleanor McManman, class of 1916, Mercy Hospital, Chicago, to David E. Hannan. Major and Mrs. Hannan will live in Chicago.

Recently, Maria Belle Frialie, class of 1912, Madison Hospital, Madison, S. D., to James A. Healey. Mr. and Mrs. Healey are at Camp Halabird, Baltimore, Md.

Recently, Genevieve Mae Wixom, class of 1915, Memorial Hospital, Ottawa, Ill., to Verne C. Murdey. Mr. and Mrs. Murdey will live in Oglesby, Ill.

Recently, Agnes Irene Kennedy, class of 1913, St. Anthony's Hospital, Carroll, Iowa, to Mr. Bartlett. Mr. and Mrs. Bartlett are living in Boone, Ia.

Recently, Constance Mary Hayes, class of 1911, St. Francis Training School, LaCrosse, Wis., to Mr. Smithwick. Mr. and Mrs. Smithwick will live in Buhl, Idaho.

Recently, Emily Rock, class of 1917, City and County Hospital, St. Paul, Minn., to R. P. Maynard. Mr. and Mrs. Maynard will live in South Hibbing, Minn.

Recently, Amelia Koenig, class of 1913, Bismarck Hospital, Bismarck, N. D., to K. C. Hamilton. Mr. and Mrs. Hamilton will live in Hagerstown, Md.

Recently, Julia M. Rasmussen, class of 1916, Bismarck Hospital, Bismarck, N. D., to Charles W. Wade. Mr. and Mrs. Wade will live in Belton, Texas.

Recently, Geraldine Mabel Long, class of 1920, Wesley Memorial Hospital, Chicago, to William S. Whitlitt. Mr. and Mrs. Whitlitt will live in Ottawa, Ill.

Recently, Emma Frances Klock, class of 1916, Moline Public Hospital, Moline, Ill., to Mr. McLaughlin. Mr. and Mrs. McLaughlin will live in Bluffs, Ill.

Recently, Beatrice Atkins, class of 1918, Presbyterian Hospital, Omaha, Neb., to Mr. Harvey. Mr. and Mrs. Harvey will live in Gering, Neb.

Recently, Esther L. Nelson, class of 1918, Methodist Episcopal Hospital, Omaha, Neb., to Mr. Witte. Mr. and Mrs. Witte will live in Springfield, Neb.

Recently, Esther Olivia Matson, class of 1914, Methodist Hospital, Omaha, Neb., to E. E. Crantz. Mr. and Mrs. Crantz will live in Bertrand, Neb.

Recently, Marie Martens, class of 1908, Presbyterian Hospital, Omaha, Neb., to Mr. Cline. Mr. and Mrs. Cline will live in Omaha.

Recently, Eva Merryweather, class of 1913, Methodist Episcopal Hospital, Omaha, Neb., to Arthur Anderson. Mr. and Mrs. Anderson will live in Valley, Neb.

Recently, Christena Carolyn Hansen, class of 1915, Swedish Mission Hospital, Omaha, Neb., to Carl Anderson. Mr. and Mrs. Anderson will live in Florence, Neb.

Recently, Dorothy Shimer, class of 1917, Nicholas Senn Hospital, Omaha, Neb., to Mr. Hooper. Mr. and Mrs. Hooper will live in Slater, Mo.

Recently, Dorothy Willett, class of 1916, M. E. Hospital, Omaha, Neb., to Mr. Sheridan. Mr. and Mrs. Sheridan will live in Kent, Wash.

Recently, Ruth Janice Meredith, class of 1913, Presbyterian Hospital, Omaha, Neb., to Mr. McCaffrey. Mr. and Mrs. McCaffrey will live in Kansas City, Mo.

About August 1st, Minnie White, class of 1913, California Hospital, Los Angeles, to E. J. Kelly. Mr. and Mrs. Kelly will live in St. Paul, Minn.

On September 21, Florence O'Donnell, class of 1914, Philadelphia General Hospital, to C. W. Broeker. Mr. and Mrs. Broeker will live in Collingswood, N. J.

On August 12, Lillie Bell Dye, class of 1919, University Hospital, Oklahoma City, Okla., to Walter S. Comstock. Mr. and Mrs. Comstock will live in Oklahoma City.

Recently, Gladys Z. Prichard, class of 1915, West Side Hospital, Scranton, Pa., to Kalman A. Nisalentz, of New York. Both Mr. and Mrs. Nisalentz were in Service overseas.

Recently, Elizabeth A. Prichard, class of 1916, St. Luke's Hospital, New York, to Euder Skjele, of Chicago.

On August 25, Sue Galya, class of 1920, Braddock General Hospital, Braddock, Pa., to Albert Parlak. Mr. and Mrs. Parlak will live in Braddock.

On September 3, Esther Howe, class of 1919, Braddock General Hospital, Braddock, Pa., to Ralph Allendorfer. Mr. and Mrs. Allendorfer will live in Johnstown, Pa.

Recently, Pearl Milla, class of 1919, Braddock General Hospital, Braddock, Pa., to Charles Nolan. Mr. and Mrs. Nolan will live in Virginia.

On August 29, in Indianapolis, Harriette Duncan, Class of 1916, Indianapolis City Hospital, to William A. Brafhear.

On September 5, at Lexington, Ky., Clara L. Gross, graduate of the Lutheran Hospital, St. Louis, to George J. Tharp. Mr. and Mrs. Tharp will live in Winston-Salem, N. C.

On September 3, at Scranton, Pa., Florence E. Kell, class of 1918, Mid-Valley Hospital, Peckville, Pa., to Walter F. Bloes. Mr. and Mrs. Bloes will live in Peckville, Pa.

Recently, Lydia Lloyd, class of 1920, Faxon Hospital, Utica, N. Y., to Marion Straube. Mr. and Mrs. Straube will live in Lexington, Va.

In June, Anastacia Donnelly, class of 1913, Faxon Hospital, Utica, N. Y., to Samuel Longley. Mr. and Mrs. Longley will live in Mt. Vernon, N. Y.

In July, Frances Vierth, class of 1921, St. Luke's Hospital, Cedar Rapids, Ia., to Claude Hoyer. Mr. and Mrs. Hoyer will live in Sumner, Ia.

Recently, Alta Lucile Saylor, class of 1916, Dr. B. F. Bailey's Hospital, Lincoln, Neb., to Ray Allen. Mr. and Mrs. Allen are living in Graff, Neb.

On June 21, Nellie McMillan, class of 1901, Illinois Training School, Chicago, to Arie Den Adel. Mr. and Mrs. Den Adel will live in Kalamazoo, Mich.

Recently, Frances Wheeler, class of 1901, Illinois Training School, Chicago, to Frank Dohmeyer. Mr. and Mrs. Dohmeyer will live in Chicago.

Recently, Fannie Chandler, class of 1901, Illinois Training School, Chicago, to W. F. Dennington. Mr. and Mrs. Dennington will live in Richland, Mich.

CORRECTION

In the announcement, in the August JOURNAL, of the marriage of Bertha H. Peard to John P. Schwartz, M.D., it was stated that Mrs. Schwartz graduated from the Des Moines General Hospital. She is, instead, a graduate of the New York City Hospital School of Nursing.

DEATHS

On July 9, at the New York Nursery and Child's Hospital, New York City, Mrs. J. H. Pollack. Mrs. Pollack was Emma Marion Solomon, class of 1909, Mt. Sinai Hospital.

On September 4, in Lucan, Ontario, Canada, Margaret Eleanor Stanley, class of 1896, Johns Hopkins Hospital. Efficiency and faithfulness were prominent characteristics during her many years in the nursing profession.

On June 17, in St. Francis Hospital, San Francisco, Calif., Mrs. Thomas Hall Moore. Mrs. Moore was Ellen J. Graham, graduate of the St. Louis Training School for Nurses, St. Louis. She leaves a host of friends who mourn her loss deeply.

On September 1, in Guelph, Ontario, Canada, Mary C. McLaren, class of 1892, Rochester General Hospital, Rochester, N. Y. Miss McLaren was at one time superintendent of Dr. Whitbeck's Private Hospital, but for many years she had done private nursing with great success. She was a fine woman and she will be greatly missed.

On July 17, Rose Gray, class of 1915, Jewish Hospital, St. Louis, Mo. Miss Gray lost her life in the Mississippi river near Grafton, Illinois, while swimming with a friend. The friend lost her footing and clung to Miss Gray, who was then relieved by others. When the friend had been revived, Miss Gray was missed, and was later found to have drowned. Burial was at Belleville, Ill.

On August 13, in DeRidder, Louisiana, after a short illness, from heart failure, Maude Coverdale. Miss Coverdale graduated in 1911 from Williams Hospital Training School, Lebanon, Indiana. She served during the war period at the Government Hospital at Nitro, West Virginia, and with the Red Cross during the first influenza epidemic. Later Miss Coverdale served one year as Public Health nurse for the Murfreesboro, Tennessee, Red Cross Chapter. Before the war, she served in Jacksonville, Florida, as a Public Health Nurse. Recently she had taken a position with Beauregard Parish, La., as Chapter Public Health Nurse. Miss Coverdale identified herself with nursing organizations wherever she was engaged in service and was an ardent Red Cross nurse. She will be mourned in several states. Burial was in Indianapolis.

BOOK REVIEWS

MATERIA MEDICA AND THERAPEUTICS. By Linette A. Parker, B.S.R.N.
Third (new) edition. Lea & Febiger, Philadelphia. Price, \$2.50.

This book was first published in 1915, and was exhausted in less than a year. The Second Edition was reprinted many times until the author's improved health allowed her to revise it for the Third Edition, which was published in January, 1921, with numerous revisions and the addition of a complete chapter.

In its earlier forms the book received high praise and was gratefully accepted by instructors in *Materia Medica*. In its Third Edition it is even more valuable, being more comprehensive. To this edition the following important additions have been made: To the chapter on Solutions, the comparison of Fahrenheit and Centigrade thermometers; to chapter four on Posology, two methods of calculating fractional doses of hypodermic tablets.

The new chapter on Drugs in Solution takes up briefly phenol coefficient; isotonic, hypotonic and hypertonic solutions; saline; coal tar disinfectants commonly used, including lysol and cresol; compounds of chlorine and Dakin's Solution; iodine, and many other disinfectants, discussing them according to their preparation, action, and use.

The classification of drugs is as previously, by systems, with additions to the important drugs, particularly morphine and pituitrin. The chapter on Experiments remains invaluable for laboratory work, giving experiments that require but little apparatus, that are simple enough to be easily understood, and thus making an excellent supplement to many lessons, particularly those on active plant principles and toxicology.

Elsa Maurer, R.N., Educational Director, Postgraduate Hospital School for Nurses, New York.

MOUTH HYGIENE. By Alfred C. Fones, D.D.S. New Second Edition, octavo, 334 pages with 218 illustrations and 8 plates. Lea & Febiger, Philadelphia. Price, \$5.00.

Mouth Hygiene, by Fones is primarily a text book for the oral hygienist. Although sections of it are perhaps a bit technical, there is much of interest in it for the nurse. Dr. Fones has the knack of using simple, concise language and keeping up the interest of the student by his brief and well phrased paragraphs. Besides the result of his own experience, he has quoted entire chapters from such well known specialists as Arthur Hopewell Smith, Edward C. Kirk,

and Arthur H. Merritt. No pains have been spared in placing the result of the latest research in all phases of dental anatomy and physiology before the reader.

The first chapter, treating of the anatomy of the head, is particularly clear. Especial emphasis is placed on the continual danger, and the mode is clearly defined, of the spread of infection from one delicate set of organs in the skull to another. This chapter and the ones on Inflammation, Deposits and Excretions, The Relation of Oral Infection to the General Health, and Dental Prophylaxis are most practical or the nurse. The evolution of tooth forms, by Turner, is unique and helps one to forget that the book is a text book.

In the chapter on Dental Prophylaxis, Dr. Fones goes into the subject thoroughly and inspires one with his unshaken optimism for the future. In fact, prophylaxis is the key note of the entire book and typifies the present attitude of the dental profession toward its work. The author believes that the time will soon come when there will be an oral hygienist in every progressive public school, just as there is a school nurse. Their work is just as essential. Both fields are so broad that it is impossible to combine the two as has been suggested.

IRENE MORTON, R.N., Colorado Springs.

HANDBOOK OF THE SOCIAL RESOURCES OF THE UNITED STATES. By Genevieve P. Hendricks. American Red Cross, Washington, D. C. Price, \$1.00.

This handbook, prepared primarily for the use of Red Cross Chapter workers, should prove valuable, as the Foreword states, to all who are in need of information on the "health, nursing, social service, educational, recreational, and civic and community betterment resources of the country." As its name indicates, the organizations included are national in scope,—those which have a temporary programme only and those which are local or regional in character, however good, being purposely omitted as information of the latter type can be obtained from other Red Cross publications. The material is arranged alphabetically and is indexed by subject and also by locality. The book is loose leaved, thus making it possible to add new material from time to time. It would seem that this guide should find a place on every social worker's desk.

M. M. R.

OFFICIAL DIRECTORY

Headquarters National Nursing Association.—370 Seventh Avenue, New York City. Office Director, R. Inde Albaugh, R.N.

The American Journal of Nursing Company.—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore, Md. Editorial Office, 19 West Main Street, Rochester, N. Y.

The American Nurses' Association.—President, Clara D. Noyes, R.N., 1726 M. Street, N. W., Washington, D. C. Secretary, Katharine DeWitt, R.N., 19 West Main Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 14 East 50th Street, New York, N. Y. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Ind. Mental Hygiene, Chairman, Elnora E. Thomson, R.N., School of Social Work, Portland, Ore. Legislation, Chairman, Roberta M. West, R.N., Room 156, 34 E. 17th Street, Philadelphia, Pa. Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich. Relief Fund Committee, Chairman, Elizabeth E. Golding, R.N., 317 West 45th Street, New York, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 14 East 50th Street, New York, N. Y.

The National League of Nursing Education.—President, Anna C. Jammé, R.N., 213 Lachman Building, San Francisco, Calif. Secretary, Martha M. Russell, R.N., University Hospital, Boulder, Colo. Treasurer, Bena M. Henderson, R.N., Children's Memorial Hospital, Chicago, Ill.

The National Organization for Public Health Nursing.—President, Elizabeth G. Fox, R.N., 3800 14th Street, N. W., Washington, D. C. Director, Florence M. Patterson, R.N., 370 Seventh Avenue, New York.

Isabel Hampton Bobb Memorial Fund Committee.—Chairman, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Director, Department of Nursing, American Red Cross.—Clara D. Noyes, R.N., Care American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Julia C. Stimson, R.N., Surgeon General's Office, Army Nurse Corps Division, 7th and B Sts., War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, R.N., Ohio Avenue and 15th Street, N. W., Washington, D. C.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Eunice Ward, 707 Washington Street, Montgomery. Secretary, Catherine A. Moultrie, R.N., 1032 Elm Street, Birmingham. President examining board, Lemoyne Phares, R.N., Inge-Bondurant Sanitarium, Mobile. Secretary, Helen MacLean, R.N., 2430 North 11th Avenue, Birmingham.

Arizona.—President, Bertha C. Rowe, R.N., Anti-tuberculosis Association, Phoenix. Secretary, Kathryn MacKay, 304 North Church Street, Tucson. President examining board, Bertha C. Rowe, Tucson. Secretary-treasurer, Gertrude F. Russell, State House, Phoenix.

Arkansas.—President, Ruth Riley, Fayetteville. Secretary, Annie Bremyer, R.N., El Dorado. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, R.N., St. Vincent's Infirmary, Little Rock.

California.—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, R.N., Route A, Galt. Director, Bureau of Registration of Nurses, Anna C. Jammé, R.N., 213 Lachman Building, San Francisco.

Colorado.—President, Mrs. Oca Cushman, R.N., Children's Hospital, Denver. Secretary, Jessie Stewart, 220 E. Yampa Street, Colorado Springs. President examining board, Mary E. Eyre, R.N., Minnegan Hospital, Pueblo. Secretary, Louise Ferrin, R.N., 519 Kittredge Building, Denver.

Connecticut.—President, Harriet E. Gregory, R.N., 75 Elmwood Avenue, Waterbury. Secretary, Winifred LaFontaine, R.N., 760 Prospect Street, New Haven. President examining board, Martha P. Wilkinson, R.N., 34 Charter Oak Avenue, Hartford. Secretary, Miss Winifred A. Hart, R.N., 109 Rector Avenue, Bridgeport.

Delaware.—President, Mary A. Moran, R.N., 1313 Clayton Street, Wilmington. Secretary, Anna W. Jones, R.N., 911 Delaware Avenue, Wilmington. President examining board, Frank E. Pierson, M.D., 1007 Jefferson Street, Wilmington. Secretary, Mary A. Moran, R.N., 1313 Clayton Street, Wilmington.

District of Columbia.—President, Ida F. Butler, R.N., American Red Cross, Washington. Secretary, Kathryn Hankins, Sibley Hospital, Washington. President examining board, Elizabeth G. Fox, R.N., 3800 14th St., N. W., Washington. Secretary-treasurer, Margaret Hutchinson, 1337 K Street, N. W., Washington.

Florida.—President, Lillian Hollohan, Morton F. Plant Hospital, Clearwater. Secretary, Mary D. Conoley, Morrell Memorial Hospital, Lakeland. President examining board, Anna L. Felting, R.N., Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Virginia P. Gibben, R.N., County Board of Health, Marietta. Secretary, Chloë Jackson, R.N., 131 Capital Place, Atlanta. President examining board, Jane Van De Vrede, R.N., 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, R.N., 110 Luckie Street, Atlanta.

Idaho.—President, Emma Amack, 1318 State Street, Boise. Secretary, Mabel Minear, 512 North 12th St., Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, R.N., State Capitol, Boise.

Illinois.—President, Ada Belle McCleery, R.N., Evanston Hospital, Evanston. Secretary, Nellie M. Crissy, R.N., Hahnemann Hospital, Chicago. Superintendent of Registration, Fred C. Dodds, State Capitol, Springfield.

Indiana.—President, Mary E. Meyers, 1134 Pythian Building, Indianapolis. Secretary, Mrs. C. D. Fansler, R.P.O., Box 56, Indianapolis. President examining board, Nellie G. Brown, R.N., Robert W. Long Hospital, Indianapolis. Secretary, Ida J. McCaslin, R.N., 501 E. Noble Street, Lebanon.

Iowa.—President, Mary C. Haarer, Iowa State University Hospital, Iowa City. Secretary, Gyda Bates, R.N., 1527 Fourth Avenue, Cedar Rapids. President examining board, Dr. Launder.

Kansas.—President, Mrs. Alma R. O'Keefe, R.N., 1251 N. Lawrence Avenue, Wichita. Secretary, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina.

Kentucky.—President, Harriet Cleek, R.N., 148 Forest Ave., Lexington. Corresponding secretary, Virginia P. Martin, 227 North Upper Street, Lexington. President examining board, Sophia F. Steinhauer, R.N., Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, R.N., Somerset.

Louisiana.—President, Mrs. J. E. Haley, 7925 Plum Street, New Orleans. Secretary, Mary C. Gillespie, Charity Hospital, New Orleans. President examining board, J. T. Crebbin, M.D., 1207 Maison Blanche Building, New Orleans. Secretary, J. S. Hebert, M.D., 1121 Maison Blanche Building, New Orleans.

Maine.—President, Margaret Dearnass, Maine General Hospital, Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearnass, R.N., Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, R.N., Central Maine General Hospital, Lewiston.

Maryland.—President, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, R.N., 1211 Cathedral Street, Baltimore. President examining board, Helen C. Bartlett, R.N., 604 Reservoir Street, Baltimore. Secretary and Treasurer, Mary Cary Packard, R.N., 1211 Cathedral Street, Baltimore.

Massachusetts.—President, Carrie M. Hall, R.N., Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mary E. P. Davis, R.N., 19 Hoyle Street, Norwood. President examining board, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls. Secretary, Walter P. Bowers, M.D., State House, Boston.

Michigan.—President, Anna M. Schill, R.N., Hurley Hospital, Flint. Corresponding secretary, Elba L. Morse, Sandusky. President examining board, Reuben Petersen, M.D., Ann Arbor. Secretary, Mrs. Helen deSpelder Moore, R.N., Oakland Building, Lansing.

Minnesota.—President, Irene English, R.N., Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

Mississippi.—President, Bessie O. Brouger, R.R. 2, Box 13, B., Jackson. Secretary, Mrs. James A. Cameron, R.N., 515 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Jane P. Cox, R.N., 708 Main Street, Natchez.

Missouri.—President, Mary G. Burman, Mercy Hospital, Kansas City. Secretary, Mrs. Emma C. Slack, R.N., 3031 Charlotte Street, Kansas City. President examining board, M. Anna Gillis, R.N., City Hospital, St. Louis. Secretary-treasurer, Helen Wood, R.N., 600 S. Kinghighway, St. Louis.

Montana.—President, Mrs. Emily Covert Heaton, Billings. Secretary, Margaret Irish, R.N., 618 North 23rd Street, Billings. President examining board, E. Augusta Ariss, R.N., Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Frederichs, R.N., Box 928, Helena.

Nebraska.—President, Lulu Abbott, R.N., 847 North 26th Street, Lincoln. Secretary, Mrs. S. S. Miller, 4312 Pacific Street, Omaha. Bureau of Examining Boards, Secretary, H. H. Antlea, Department of Public Welfare, State House, Lincoln.

Nevada.—President, Mary Evans, County Hospital, Reno. Secretary, Mrs. Fannie Doty, 41 West First Street, Reno.

New Hampshire.—President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Nora McQuade, 368 Lowell Street, Manchester. President examining board, Mae Morrison, Whitesfield. Secretary, Ednah Cameron, R.N., 8 North State Street, Concord.

New Jersey.—President, Elizabeth J. Higbid, R.N., 449 Van Houten Street, Paterson. Secretary, Mrs. A. D. Pierson, R.N., 187 Watchung Avenue, West Orange. President examining board, Mary J. Stone, R.N., Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, R.N., Room 302, McFadden Building, Hackensack.

New York.—President, Alice Shepard Gilman, R.N., Samaritan Hospital, Troy. Secretary, Mrs. Julia W. Kline, R.N., 546 Rusby Road, Brooklyn. President examining board, Lydia E. Anderson, R.N., 461 Washington Avenue, Brooklyn. Secretary, Elizabeth C. Burgess, R.N., State Education Building, Albany.

North Carolina.—President, Mrs. Dorothy Hayden, Greensboro. Secretary, Anna Howerton, Charlotte. President examining board, Lois A. Toomer, R.N., 123 South 4th Street, Wilmington. Secretary-treasurer, Effie Cain, R.N., 1206 Fulton Street, Salisbury.

North Dakota.—President, Josephine Stennes, R.N., Good Samaritan Hospital, Rugby. Corresponding secretary, Esther Teichmann, R.N., 720 South 5th Street, Fargo. President examining board, Ethel Stanford, R.N., 703 South 4th Street, Fargo. Secretary, Mildred Clark, R.N., General Hospital, Devil's Lake.

Ohio.—President, Laura R. Logan, R.N., Cincinnati General Hospital, Cincinnati. Secretary, Rose K. Steinmetz, R.N., 96 Dick Street, Akron. Chief examiner, Ida May Wickox, R.N., State House, Columbus. Secretary, Dr. H. M. Platter, State House, Columbus.

Oklahoma.—President, Jessie Hammer, R.N., 4320 N. Western Street, Oklahoma City. Secretary, Lola Carr, 915 West 23d Street, Oklahoma City. President examining board, Idah Auten, R.N., Shawnee. Secretary-treasurer, Lola Carr, 915 West 23d Street, Oklahoma City.

Oregon.—President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Effie Yost, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, R.N., 507 Gasco Building, Portland. Secretary-treasurer, Mrs. O. E. Osborne, R.N., 512 Oakdale Avenue, Medford.

Pennsylvania.—President, Margaret A. Dunlop, R.N., Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Williamina Duncan, R.N., 3449 Bates Street, Pittsburgh. President examining board, Albert M. Blackburn, M.D., 34 South 17th Street Philadelphia. Secretary-treasurer, Roberta M. West, R.N., 34 South 17th Street, Philadelphia.

Rhode Island.—President, Lucy C. Ayres, R.N., Woonsocket Hospital, Woonsocket. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, R.N., Woonsocket Hospital, Woonsocket.

South Carolina.—President, Jane H. Fraser, 1523 Richland Street, Columbia. Secretary, Laura Blackburn, R.N., 1121 Gervais Street, Columbia. Secretary, board of nurse examiners, A. Earl Booser, M.D., Columbia.

South Dakota.—President, Lillian Zimpher, R.N., Aberdeen. Corresponding secretary, Carrie E. Clift, R.N., Rapid City. President examining board, Clara S. Ingvalson, R.N., Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, R.N., Rapid City.

Tennessee.—President, Mrs. Dorsey T. Gould, R.N., 1305 Edgewood Place, Nashville. Secretary, Marie Peterson, R.N., 879 Madison Avenue, Memphis. President examining board, Willis M. McInnis, R.N., University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

Texas.—President, Helen Holliday, Baylor Hospital, Dallas. Secretary, A. Louise Dietrich, R.N., 1001 E. Nevada Street, El Paso. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Municipal Hospital, Houston.

Utah.—President, Mrs. N. F. W. Crossland, R.N., St. Mark's Hospital, Salt Lake City. Secretary, Alice Hubbard, R.N., Salt Lake County Hospital, Salt Lake City.

Vermont.—President, Elizabeth Van Patten, R.N., 433 S. Union Street, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mary G. Kane, R.N., Montpelier.

Virginia.—President, Anne Gully, R.N., Leesburg. Secretary, L. L. Odom, R.N., Sarah Leigh Hospital, Norfolk. President examining board, Virginia Thacker, R.N., Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, R.N., Boissvain Avenue, Norfolk.

Washington.—President, Mrs. M. W. McKinney, R.N., 5502 14th Street, N. E., Seattle. Secretary, Katherine Major, R.N., King County Hospital, Seattle. President examining board, Mrs. Ella Harrison, R.N., 809 5th Avenue, Seattle. Secretary, Mae Mead, R.N., State Normal School, Bellingham.

West Virginia.—President, Mrs. Susan Cook, R.N., Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. E. J. Ballard, R.N., Lock Box 457, Wheeling; home address, 516 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoine Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

Wisconsin.—President, Mrs. H. E. Wolf, R.N., 324 South 16th Street, La Crosse. Secretary, Lavina Dietrickson, Forest Lawn Sanatorium, Jefferson. Treasurer, Margaret Pakurham, R.N., Milwaukee Downer College Infirmary, Milwaukee. President committee of examiners, Mrs. Mabel C. Bradshaw, R.N., 501 Marshall Street, Milwaukee. Secretary, Mrs. Harriet H. MacCormack, Whitehall.

Wyoming.—President, May Stanley, R.N., Rock Springs. Secretary, Etta Linn, R.N., Box 1125, Cheyenne. President examining board, S. J. McKenzie, R.N., St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, R.N., 605 East 21st Street, Cheyenne.

TERRITORIAL ASSOCIATION

Hawaii.—President, Janet Dewar, Children's Hospital, Honolulu. Secretary, Mabel L. Smyth, Palama Settlement, Honolulu.